

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19127

File No. _____
Registered No. 35
City _____ (No. _____) St. _____ Ward _____

1. PLACE OF DEATH
33 County Dent Registration District No. 266
Township Short Bend Primary Registration District No. 3-377
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Caroline Walker
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grant Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 24 1870</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>4</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
FATHER	13. NAME <u>David King</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>	
MOTHER	15. MAIDEN NAME <u>Zoa Ashley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
17. INFORMANT <u>Grant Walker</u> (ADDRESS) <u>Sligo Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wash Cem</u> DATE <u>June 2</u> 19 <u>32</u>		
19. UNDERTAKER <u>Carl K Spencer</u> (ADDRESS) _____		
20. FILED <u>6/2</u> 19 <u>32</u> <u>33. St. C. Rudd. T. W. D.</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9 to May 31, 1932.
I last saw him alive on May 31, 1932. Death is said to have occurred on the date stated above, at 9.45 P M.
The principal cause of death and related causes of importance were as follows:
Chronic Intercostal Nephritis (about 1928)
131 111B 131
Other contributory causes of importance:
Hypostatic pneumonia of lungs -
none
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Clayton H. Smith, M. D.
(Address) Galena Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. JUL 22 1932

