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

Do not use this space.

42790

1. PLACE OF DEATH County: Saline Township: Cambridge City: (No. St. Ward)

Registration District No. 749 Primary Registration District No. 9037B

File No. Registered No. 57

2. FULL NAME Julia A. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 5-1869

7. AGE: Years 63 Months 10 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

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): Mew Frankfort Germany

FATHER

13. NAME: George Fraperuckner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Barbara Millbrecht

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): John R. Walker Slater Mo R.F.D. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE: Slater Mo DATE: Dec 13 - 1931

19. UNDERTAKER (ADDRESS): Jones & Baker Slater Mo

20. FILED: Dec 13, 1931 W. M. Little Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to Dec. 2, 1931. I last saw h. alive on Dec. 2, 1931. Death is said to have occurred on the date stated above, at 5 PM. The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia Pernicious	
131	
71A / 31 (1)	

Other contributory causes of importance: Chronic Nephritis

Name of operation: None Date of: What test confirmed diagnosis: Blood Was there an autopsy? No

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) H. L. Lockwood M. D.

(Address) Slater 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD