

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.

FEB 27 1934

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

Do not use this space.

2293-1

1. PLACE OF DEATH

County Mississippi
Township St. James
City (No. _____) _____

Registration District No. 527
Primary Registration District No. 5763-

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

George Ann Walker

(a) Residence, No. East Prairie, Mo. 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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daniel Black Walker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 13 - 1878</u>				
7. AGE	YEARS <u>85</u>	MONTHS	DAYS <u>25</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>House Keeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	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>Simpson, Co. Ky</u>				
MOTHER FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>C. Karlie Walker</u> (ADDRESS) <u>East Prairie, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Repton, Ky.</u> DATE <u>1/9</u> 19 <u>33</u>				
19. UNDERTAKER <u>Thos. B. Shelby</u> (ADDRESS) <u>East Prairie, Mo.</u>				
20. FILED <u>Jan 8</u> 19 <u>33</u> <u>Buff m. Hodges</u> Registrar.				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1932 to Jan 8 1934
I last saw her alive on about Sept 10 1933 Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Face Date of onset Jan 6-32
52

Other contributory causes of importance: 53

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? _____
If so, specify George W. Whitaker, M. D.
(Signed) _____
(Address) East Prairie Mo.

