

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

Do not use this space.

18664

1. PLACE OF DEATH
 103 County Standard Registration District No. 837
 Township Castor Primary Registration District No. 6097
 City _____ (No) _____ St. _____ Ward _____

2. FULL NAME Rayl 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1900

7. AGE YEARS 33 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Bloomfield Mo

MOTHER FATHER
 13. NAME Marion Bennett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Guggino
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) W. L. Walker
Bloomfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walker's DATE May 16 1933

19. UNDERTAKER (ADDRESS) Ed. Chiles & Co.
Bloomfield Mo

20. FILE NO. 103 1933 Edw. Ford
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1 DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1933

2. I HEREBY CERTIFY, That I attended deceased from Dec 7 1932 to May 15 1933

I last saw her alive on May 12 1933 Death is said to have occurred on the date stated above at 10:40 am.

The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus Date of onset D.S.
48
48

Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 Edward Ford, M. D.
 (Signed) _____ (Address) Bloomfield 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.

JUN 24 1933

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