

WRITE PLAINLY, WITH FADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

19038

1. PLACE OF DEATH

County Buller Registration District No. 89
 Township Polk Bluff Primary Registration District No. 3007
 City Polk Bluff (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 92
 St. _____ Ward _____

2. FULL NAME

Carrie Gene Walker
 (a) Residence, No. Bloomfield, 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Single
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or, _____ min.
41 10 28

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

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.

13. NAME Jessie John M. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield, Mo.

15. MAIDEN NAME Mollie A. Gigger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield, Mo.

17. INFORMANT (ADDRESS) Gennie Walker

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bloomfield DATE 6/1 1933

19. UNDERTAKER (ADDRESS) J. A. Spiller & Co. Bloomfield, Mo.

20. FILED June 19 33 By Camp Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4-1933

22. I HEREBY CERTIFY That I attended deceased from May 1 1933 to June 4 1933
 I last saw her alive on June 3 1933 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Caseosaemia uteri + embolism to pericardium
 Date of onset _____
 Other contributory causes of importance 48

Name of operation Hysterectomy Date of _____

What test confirmed diagnosis? Autopsy 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 Amputation
 (Signed) H. J. Derripleason, M. D.
 (Address) Polk Bluff, Mo.

JUL 20 1933

