

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.

**JAN 26 1934**

1. PLACE OF DEATH  
 53 County Laclede Registration District No. 277  
 Township Smith Primary Registration District No. 3611  
 City Hazelgreen (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lola Walker  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

33532-A  
~~335204~~  
 File No. \_\_\_\_\_  
 Registered No. 12  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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) Jan 3 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52. 9 9

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

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) 10-33 11. Total time (years) spent in this occupation all job

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Mo

13. NAME Bud Ramsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bud Ramsey Missouri

15. MAIDEN NAME Ellena Laquey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT John Walker (ADDRESS) Hazelgreen Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burgess DATE 10-13-33

19. UNDERTAKER W. J. Lupton (ADDRESS) Richland Mo.

20. FILED Oct 18 19 66 Coastline Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct - 1 1933 to Oct - 12 1933  
 I last saw her alive on Oct 12 1933 Death is said to have occurred on the date stated above, at 6 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Neuro Carcinoma  
penetrating Surface  
of Right thigh  
53E  
Post-operative  
 Other contributory causes of importance:  
 Name of operation Cholecystectomy Date of Oct-27-33  
 What test confirmed diagnosis? histology 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) Jno. D. Moulden, M. D.  
 (Address) Libonow Mo

2351

