

WRITE PLAINLY, WITH UNFADING 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.

JAN 4 1933

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

Do not use this space.

37913
96

1. PLACE OF DEATH

County Lafayette Registration District No. 461
 Township Lafayette Primary Registration District No. 3024
 City Leitchfield, Mo (No. North 8th) St. North 8th Ward

4. FULL NAME

Alice Walker
 (a) Residence, No. North 8th St., North 8th Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1863</u>		
7. AGE	YEARS	MONTHS
<u>About 70</u>	<u>unborn</u>	<u>unborn</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nurse</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mrs May Sellers</u>		
10. Date deceased last worked at this occupation (month and year) <u>Oct 19 1933</u>		
11. Total time (years) spent in this occupation. <u>50 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Jacob Walker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Pella unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Alice Washington</u> (ADDRESS) <u>302 Highland and Lexington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Grove</u> DATE <u>Nov 6 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Bailey & Groves</u> <u>116 So 9th Lexington Mo</u>		
20. FILED <u>Nov 5 1933</u> <u>Jam. B. White</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1933, to Nov 4 1933

I last saw h/w alive on Nov 3 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary Disease
94B
94C
 Other contributory causes of importance:
Arteriosclerosis

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.....
 (Signed) O. W. R. Paul M. D.
 (Address) Leitchfield Mo

