

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.

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

Do not use this space.

41540

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1013**

City.....

(No. **St. Marys Ky.**)

File No.....

Registered No. **10559**

St. Ward)

2. FULL NAME

Lillian Walker

(a) Residence, No. **1912 No. 11th St.** St., **26** Ward.

(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 **7.** **4. COLOR OR RACE** *Colored* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *Separated* (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 17, 1892*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>41</i>		<i>3</i>	<i>2</i>	

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

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) *Farmington, Missouri*

13. NAME *Ed. Wilburn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

15. MAIDEN NAME *Nancy Emmett*

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

17. INFORMANT *Mother - Nancy Bufford*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Farmington Mo.* DATE *Dec 10, 1933*

19. UNDERTAKER *A.D. Richardson*

20. FILED *1933* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

6

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 2, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 20, 1933 to Dec 2, 1933*

I last saw her alive on *Dec 2, 1933*. Death is said to have occurred on the date stated above, at *3:20 a.m.*

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

Acute peritonitis, fecal fistula, general sepsis, 3) Loemia, Gonococcus salpingitis

Other contributory causes of importance: *35) Chronic Myocarditis, 36) and chronic Pelvic disease 1390*

Name of operation *Hysterectomy* Date of *11-25-33*

What test confirmed diagnosis? *CR.* Was there an autopsy? *ye*

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) *R. W. White*, M. D.

(Address) *1536 Papin St.*

