

WRITING PLAIN INK 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.

354

1. PLACE OF DEATH  
 13 County Calloway Registration District No. 96  
 4 Township Hamilton Primary Registration District No. 4068  
 2 City Hamilton (No. ....) St. .... Ward) (If nonresident, give city or town and State)

2. FULL NAME Constance D. Walker (Walker)  
 (a) Residence, No. Brunswick, Mo. St. .... Ward. ....  
 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 W.  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Felix Grundy Walker  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1891  
 7. AGE YEARS 42 MONTHS 8 DAYS 2 If LESS than 1 day, .... hrs. .... 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) Jenesee  
 13. NAME Don't know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 17. INFORMANT Husband Felix G Walker (ADDRESS) Brunswick Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Kenterville, Mo DATE Jan 9 1934  
 19. UNDERTAKER Ricks Funeral Home (ADDRESS) Brunswick Mo  
 20. FILED Jan 7 1934 Merle Carrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1934 to Jan 7 1934  
 I last saw her alive on Jan 7 1934 Death is said to have occurred on the date stated above, at 1:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
Right sided hemiplegia  
 Other contributory causes of importance: None  
 Name of operation None Date of ....  
 What test confirmed diagnosis? Clinical 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 None  
 Nature of injury None  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) J. M. Dole M. D.  
 (Address) Hamilton, Mo.

