

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

Do not use this space.

3638

1. PLACE OF DEATH

County Stoddard
Township Liberty
City (No.) St. Ward

Registration District No. 826
Primary Registration District No. 6095A

File No. 5
Registered No. 15 St. Ward

2. FULL NAME

Esther walker

(a) Residence, No. 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Stoddard Co mo

13. NAME Chas Eduard walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rifley Co mo

15. MAIDEN NAME Damie whitehead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co mo

17. INFORMANT Chas E walker (ADDRESS) Bernie mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE Jan 27 1934

19. UNDERTAKER (ADDRESS) none

20. FILED 3/10 1934 34 Filmore Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1934 to 1-26 1934

I last saw her alive on 1-25 1934. Death is said

to have occurred on the date stated above, at 7:30 pm.

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

Premature birth

Date of onset

Other contributory causes of importance: 159

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) J. F. Riddle, M. D.

(Address) Bernie mo

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.

FEB 27 1934

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