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.

AUG 17 1934

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

Do not use this space.

1. PLACE OF DEATH
County Callaway
Township ~~[illegible]~~
City Fulton (No. ..... St. ..... Ward)
Registration District No. 104
Primary Registration District No. 3008
File No. 23475
Registered No. 154

2. FULL NAME Kate Walker
(a) Residence, No. Barnett, Mo St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 7 mos. 27 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 d. k
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) d. k
7. AGE YEARS 76 MONTHS d. k DAYS d. k If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) d. k
11. Total time (years) spent in this occupation d. k

12. BIRTHPLACE (CITY OR TOWN) d. k (STATE OR COUNTRY) U. S.

FATHER
13. NAME d. k
14. BIRTHPLACE (CITY OR TOWN) d. k (STATE OR COUNTRY) d. k

MOTHER
15. MAIDEN NAME d. k
16. BIRTHPLACE (CITY OR TOWN) d. k (STATE OR COUNTRY) d. k

17. INFORMANT (ADDRESS) Records State Hospital #1 Fulton, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan Cem Hopewell Mo DATE July 17, 1934
19. UNDERTAKER (ADDRESS) N. A. Yoakes Barnett, Mo
20. FILED July 15, 1934 R. N. Creus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 — 15, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to 7 — 15, 1934
I last saw her alive on 7 — 15, 1934. Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. arterio-sclerosis	
107A	
99	
107A	

Other contributory causes of importance:
Bronchi-pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Joseph Bolo, M. D.
(Address) State Hospital #1 Fulton, Mo

100M-11-24-33

682 Camp
18 E 10

714 Camp