

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

Do not use this space.

31187

1. PLACE OF DEATH **SEP 13 1934**  
 County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1092**  
 City **St. Louis** (No. **Mo. Sept 1092**) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. **8487**

2. FULL NAME **Sibatha Walker**  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) **Campbell Mrs. R.R.** (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.

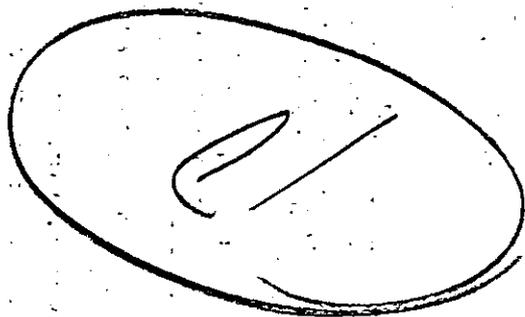
**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **F** 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 **E. J. Walker**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 13 1878**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**56 3 4**  
 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) **Newbern Tenn**  
 13. NAME **W. J. Holland**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Newbern Tenn**  
 15. MAIDEN NAME **Mary King**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Newbern Tenn**  
 17. INFORMANT (ADDRESS) **E. J. Walker Campbell Mrs. R.R.**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Campbell Mrs. R.R.** DATE: **8-19 1934**  
 19. UNDERTAKER (ADDRESS) **C. H. Hoppe Inc. 4129 N. Ethel St.**  
 20. FILED **AUG 20 1934** **J. B. Brebeck** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 17 1934**  
 22. I HEREBY CERTIFY, That I attended deceased from **Aug 2 1934** to **Aug 17 1934**  
 I last saw him alive on **Aug 17 1934**. Death is said to have occurred on the date stated above, at **8:27 a.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Thyrototoxicosis (thyroid crisis) 24y.**  
**adenoma of thyroid - malignant 30 years**  
 Other contributory causes of importance:  
**none**  
 Name of operation **none** Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Basal metabolism** 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? **No**  
 If so, specify \_\_\_\_\_  
 (Signed) **Willard Parlett Jr.**, M. D.  
 (Address) **410 Metropolitan Bldg.**

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.



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