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.

OCT 15 1934

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

Do not use this space.

1. PLACE OF DEATH

31 County Davioss — Registration District No. 250 — File No. 32371

2 Township — Primary Registration District No. 4150 — Registered No. 728

2 City Gallatin (No. , St. Ward)

2. FULL NAME Carolino Walker Soarcy

(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: Fomalo

4. COLOR OR RACE: Colorod

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowod

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ed Searcy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 67 — YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Sept. 8 1934

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Thomas Poniston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Dan Walker, Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Horndon Cometery — DATE: Sept 13, 1934

19. UNDERTAKER (ADDRESS): Hopo Furn. & Undt. Co., Gallatin, Mo.

20. FILED 9-13- 1934 P L Gardner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1934, to Sept 11, 1934

I last saw her alive on Sept 8 - 1934 Death is said to have occurred on the date stated above, at 8:50 P M

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

Cerebral Hemmorrage

81 B 82 a 1

Date of onset: Sept 8 1934

Other contributory causes of importance: Cerebral Hemmorrage

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? No

If so, specify —

(Signed) Dr A Smith, M. D.

(Address) Gallatin Mo