

OCT 17 1934

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

Do not use this space.

32826

## 1. PLACE OF DEATH

County JACKSON Registration District No. 394  
Township KAW Primary Registration District No. 100  
City KC (No. ST LUKES HOSPITAL St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 4162

## 2. FULL NAME

MARY EMMA WALKER  
(a) Residence, No. 208 W 70<sup>th</sup> 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 FE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 3 - 1858  
7. AGE YEARS 75 MONTHS 11 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

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. AT HOME  
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) CHRISTIAN CO MO.

13. NAME W. G. BRALLIAR

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

15. MAIDEN NAME MARTHA HORNBEAK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

17. INFORMANT U. S. WALKER  
(ADDRESS) 7224 WASHINGTON

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE SEPT 11 1934

19. UNDERTAKER BY NEWCOMER'S SONS  
(ADDRESS) 2111 E 4<sup>th</sup> St

20. FILED 9-10-34 347m. m. Brown  
Registrar.

## 4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 8 1934

I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1934, to 9-8, 1934

I last saw h. alive on 9-8, 1934. Death is said

to have occurred on the date stated above, at 6:30 p. m.

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

Hemorrhage from gastric ulcer.  
Fracture Rt thigh  
117A 210 14

Other contributory causes of importance \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? fractured hip Date of injury 8/17, 1934

Where did injury occur? Remained - K.C. Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Fell, striking hip

Nature of injury Extra capsular fracture Rt hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. M. Jayam, M. D.

(Address) Kansas City Mo

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.

Medical Arts Bldg (818)  
107<sup>th</sup> on call before your serv.