

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.

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

Do not use this space.

42314-a

JUL 17 1935

1. PLACE OF DEATH

County Christian
Township Bruner
City (No.)

Registration District No. 185-
Primary Registration District No. 6251

File No.
Registered No.
St. Ward)

2. FULL NAME Flois Mae 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934 to Dec 26 1934. I last saw her alive on Dec 25 1934 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1934

to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19

Cause unknown Date of onset

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

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

Other contributory causes of importance:

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

13. NAME Glus Herbert Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bruner Mo.

15. MAIDEN NAME Edna Lucile Connor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Craker Mo.

17. INFORMANT Herbert Walker (ADDRESS) Bruner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnson Run DATE 12-26-34

19. UNDERTAKER Wightman (ADDRESS)

20. FILED 6-8 1935 Josephine Merritt Registrar.

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) H. J. Wise, M. D.

(Address) Sparta Mo.

