

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.

MAR 20 1935

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

Do not use this space.

5265

1. PLACE OF DEATH

County Jackson  
Township Skaw  
City Kansas

Registration District No. 999  
Primary Registration District No. 0002  
(No. Mercy Hospital)

File No. ....  
Registered No. 559  
St. .... Ward)

2. FULL NAME Barbara Jean Walker

(a) Residence, No. 1806 Baltimore St., .... Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
1 1 15

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.

13. NAME James Walker

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

15. MAIDEN NAME Dorathy Walker Woolf

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

17. INFORMANT Mercy Hospital  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Trenton Mo. DATE Feb. 4, 1935

19. UNDERTAKER Peter B. Lanetina  
(ADDRESS) 536 Campbell Street

20. FILED 2-3 W. M. Crowe  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1935, to Feb 4, 1935. I last saw h. e. r. alive on 2/4, 1935. Death is said to have occurred on the date stated above, at 9:40 m.

The principal cause of death and related causes of importance were as follows:  
Confluent bronchopneumonia Date of onset 1/23/35

Acute laryngitis and tracheitis 10/10/34

Other contributory causes of importance:  
Tracheotomy wound & secondary hemorrhage 2/2/35

Name of operation tracheotomy Date of... 1/23/35  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Clyde Randall, M. D.  
(Address) Mercy Hospital

