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Do not use this space.

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

MAR 23 1935

8668

1. PLACE OF DEATH

County Jackson  
Township Lead  
City Lead (No.     )

Registration District No. 288  
Primary Registration District No. 5406

File No.       
Registered No.      Ward)     

2. FULL NAME Myrtle Louise Walker

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

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3 14

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) MO

13. NAME Pearl Walker

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

15. MAIDEN NAME Nancy Ferguson

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

17. INFORMANT Nancy Ferguson (ADDRESS) Lead

18. BURIAL, CREMATION, OR REMOVAL PLACE Lead DATE 3/6 1935

19. UNDERTAKER Levy Funeral Service (ADDRESS) Lead

20. FILED 3-9-35 1935 Thurman Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-35 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-6-35, 1935, to 3-5-35, 1935

I last saw him alive on 3-5-35, 1935. Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Whooping Cough

Date of onset 1.1.35

Other contributory causes of importance: 9

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) W. A. Presnell, M. D.  
(Address) Lead

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.

