

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

Do not use this space.

MAY 29 1935

13351

1. PLACE OF DEATH

County Max Registration District No. 446  
Township Saltriver Primary Registration District No. 5606  
City Bozell Mo (No. ....) St. .... Ward)

2. FULL NAME

Margaret Jane 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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 7 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 7 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper  
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) Decatur Co. Ind

13. NAME Jackson Petree

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Co Ind

15. MAIDEN NAME Elizabeth Moncrief

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Co Ind

17. INFORMANT Mrs Ada Frazer  
(ADDRESS) Bozell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Locust Hill DATE 4-29-35

19. UNDERTAKER Mrs J. W. Hudson  
(ADDRESS) Edina Mo

20. FILED 7/13 1935 Anna M. Gibson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1935, to Apr. 27, 1935  
I last saw her alive on Apr. 27, 1935. Death is said to have occurred on the date stated above, at 11 A.M.  
The principal cause of death and related causes of importance were as follows:

Influenza  
Date of onset Apr. 16, 1935

Other contributory causes of importance:  
Chronic myocarditis

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) C. H. Buckley M. D.  
(Address) La Plata Mo.

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.

