

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

Do not use this space.

16752

JUL 2 1935

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2225
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1229 Woodland 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
48 5 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Kansas

FATHER 13. NAME Rosa Jenkins

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

MOTHER 15. MAIDEN NAME Betty Garner

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

17. INFORMANT Kylas Walker
(ADDRESS) 1229 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE June 6 1935

19. UNDERTAKER Garner, Crop & Draying
(ADDRESS) 1196 E. 28th St. N.E. Mo.

20. FILED 6/6 1935 M. M. Caroll Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15 1935 to May 30 1935

I last saw her alive on May 24 1935 Death is said to have occurred on the date stated above, at 4:30 PM m.

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

Lobar Pneumonia Date of onset 5-24-35

Other contributory causes of importance: 100
Bronchitis Acute 5-15-35

Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

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) R. C. Hayden M. D.
(Address) 2024 E - 16th St

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.

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