

JAN 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. 2602 Lafayette St.)

File No. 38649
Registered No. 1318
St. Ward)

2. FULL NAME

Annie F. Walker

(a) Residence, No. 3315 Renick St. St. Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jas. B. Walker Sr.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21, 1854</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>11</u>	DAYS <u>25</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>
	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) Berlin, Penn.
(STATE OR COUNTRY)

13. NAME Edw. Kimmel

14. BIRTHPLACE (CITY OR TOWN) Berlin, Penn.
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah A. Gilson

16. BIRTHPLACE (CITY OR TOWN) Berlin, Penn.
(STATE OR COUNTRY)

17. INFORMANT Jas. B. Walker
(ADDRESS) 3402 Mitchell Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cemetery Dec. 17, 1935

19. UNDERTAKER Walter Meischer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 12-17-35 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from 12-5- 1935 to 12-15- 1935

I last saw h. BR. alive on 12-15- 1935. Death is said to have occurred on the date stated above, at 4.00 m. A.M.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance

Name of operation no Date of no
What test confirmed diagnosis? 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) Blanch B. Rennie, M. D.
(Address) Logan Bldg., St. Joseph, 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.

