

APR 23 1936

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

Do not use this space.

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40533-4

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

St.

Ward

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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 Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

Amos Walker

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

2-19-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

749450

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1-20-3550

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Como miss

MOTHER FATHER

13. NAME

Albert Ramsey

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

Sardin miss

15. MAIDEN NAME

Mary Hunter

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

Richmond Va

17. INFORMANT (ADDRESS)

Chilton Partee Kaye mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Morgan Cem 11-25-35

19. UNDERTAKER (ADDRESS)

Mrs. V. J. Smith Kaye mo

20. FILED

136 Jerk Road

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

12-23-1935

22. I HEREBY CERTIFY, That I attended deceased from

12-22-1935, to 12-23-1935I last saw her alive on 12-22-1935. Death is saidto have occurred on the date stated above, at 6:30 a.m.

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

Chronic myocarditis  
arterosclerotic hypertensive  
myocardial insufficiency

Date of onset

Other contributory causes of importance:

Senility 93C

Name of operation

Date of

What test confirmed diagnosis? D.T.S. 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) Alshen, M. D.(Address) Kaye mo

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.

