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.

FEB 19 1936

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

Do not use this space.

1949

1. PLACE OF DEATH
County Lawrence — Registration District No. 467 — File No.
Township Aurora — Primary Registration District No. 4280 — Registered No. 4
City Aurora (No. , St. Ward)

2. FULL NAME Perletha Adeline Walden
(a) Residence, No. RR 1 Mt Vernon St., Mo Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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 John Clay Waldron
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 - 1859
7. AGE: YEARS 77 — MONTHS 2 — DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House 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) 1-10-36
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton, Mo

FATHER
13. NAME Benjamin Cordell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Deborah Wilcox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown.

17. INFORMANT (ADDRESS) Lela Pearson, Puyallup, Washington
18. BURIAL, CREMATION, OR REMOVAL
PLACE Nevada, Mo DATE 1-28 1936
19. UNDERTAKER (ADDRESS) Allen V Hoyt Nevada, Mo
20. FILED 1-21 1936 R D Cowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1936, to 1-21, 1936
I last saw her alive on 1-21, 1936. Death is said to have occurred on the date stated above, at 11 25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	1-18-36
Other contributory causes of importance:	
Fracture of Hip & Arm	1-10-36
Hypertension	?
Hemiplegia	1931

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Fracture as above Date of injury 1-10, 1936
Where did injury occur? Chesapeake, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury Fallen by screen door
Nature of injury Fracture as above noted

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R D Cowan, M. D.
(Address) Aurora, Mo