

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.

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

Do not use this space.

FEB 4 1936

1. PLACE OF DEATH

County North Registration District No. 905'
Township Allen Primary Registration District No. 6216
City Raymer (No. _____) St. _____ Ward _____

File No. 4358
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. G. Walker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1867
7. AGE YEARS 68 MONTHS 11 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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. _____
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) Farver, Ill.

MOTHER FATHER
13. NAME Henry R. Wilson

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

15. MAIDEN NAME Lina J. Patter

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

17. INFORMANT L. G. Walker (ADDRESS) Raymer, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Travis Chapel DATE Jan. 14, 1936

19. UNDERTAKER (ADDRESS) Brown Bros. Raymer, Mo

20. FILED Jan 25, 1936 Byron K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1936

22. I HEREBY CERTIFY That I attended deceased from May 7, 1935 to Jan 13, 1936
I last saw her alive on Jan 13, 1936 Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Ulcerative Colitis (Sulcerator) Date of onset 1935
Feb.

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Sigmoid 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? _____
If so, specify _____
(Signed) Louis D. Long, M. D.
(Address) Raymer, Mo

