

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.

DEC 3 1936

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

Do not use this space.

38688

1. PLACE OF DEATH

County Pike Registration District No. 688
Township Perry Primary Registration District No. 5916
City Frankford No. 1 Ward 1

File No. _____
Registered No. 13 St. _____ Ward _____

2. FULL NAME

Mahala Elizabeth Walkley
(a) Residence, No. Frankford, Mo. St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. D. Walkley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2, 1875</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>8</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Housewife</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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Missouri</u>	
	13. NAME <u>John M. Duce</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
	15. MAIDEN NAME <u>Margaret Carr</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>Mr. Geo. D. Walkley</u> (ADDRESS) <u>Frankford, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frankford</u> DATE <u>Oct 1, 1936</u>		
19. UNDERTAKER <u>Wm. H. Smith</u> (ADDRESS) <u>Hannibal, Mo.</u>		
20. FILED <u>Oct 8, 1936</u> <u>Mattie Marshall</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936 to Oct. 12, 1936

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:45 am.

The principal cause of death and related causes of importance were as follows:
Carcinoma of intestine Date of onset _____

Other contributory causes of importance:
NO

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) O. W. Subans, M. D.
(Address) Frankford, Mo.

