CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 30 1936

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

Do not use this space.

43635

1. PLACE OF DEATH
County Wright
Township Mtn Grove
City Mt. Grove (No. ..... St. ..... Ward)

Registration District No. 908
Primary Registration District No. 4549

File No. .....
Registered No. 64

2. FULL NAME Lois May Walker

(a) Residence, No. ..... 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-14-1914

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
12	0	0	

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

FATHER
13. NAME Tobe Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartville Mo.

MOTHER
15. MAIDEN NAME Elvie Beckham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartville Mo.

17. INFORMANT (ADDRESS) Tobe Walker Mtn. Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hill Crest DATE 11-16 1936

19. UNDERTAKER (ADDRESS)

20. FILED 11-16-1936 Bernice Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14- 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8- 1936, to Nov. 14- 1936
I last saw her alive on Nov. 11- 1936 Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute endocarditis -	

Other contributory causes of importance:
Abscessed tonsils -

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) R. W. Denney, M. D.
(Address) Mtn. Grove Mo.