

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

Do not use this space.

47291

1. PLACE OF DEATH  
 County Scott Registration District No. 821  
 Township \_\_\_\_\_ Primary Registration District No. 4553  
 City Sikeston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louisa Etta 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1907  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
29 3 21  
 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. Housework  
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Life  
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Windsor, (STATE OR COUNTRY) Missouri

13. NAME John Walker

14. BIRTHPLACE (CITY OR TOWN) Fayette, (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Amanda Greene

16. BIRTHPLACE (CITY OR TOWN) Sparta, (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs. Nora M. Robinson (ADDRESS) 312 W 43 St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Dec. 29 1936

19. UNDERTAKER H. J. Welch (ADDRESS) Sikeston, Mo.

20. FILED 1-8 1937 W. H. Grinnell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:30 P. M.

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

Gunshot wounds inflicted with 32 caliber pistol 1 wound to edge of spine slightly below saddle. Shot thru Rt. leg severing femoral artery. Shot thru rt ankle  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

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? homicide Date of injury 12/26, 1936

Where did injury occur? Sikeston, Mo (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Shot from ambush by 32 Pistol  
 Nature of injury Rt. femoral artery Cut - Bullet in spine

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
 (Signed) H. J. Welch Registrar  
 (Address) Sikeston, Mo. Carroll Co. Scott Co.

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.

