

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 17 1937

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

Do not use this space.

1862

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Antenna Primary Registration District No. 2002
City Joplin (No. Royal Heights 7) St. _____ Ward _____

2. FULL NAME

Sarah Jane Collasure Walker
(a) Residence, No. Royal Heights St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 68 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>W. H. Walker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 3, 1855</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>2</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>31</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay County, Missouri</u>		
FATHER	13. NAME <u>Jacob Collasure</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Eveline Bryant</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>W. H. Walker</u> (ADDRESS) <u>Royal Heights</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Park Cem.</u> DATE <u>Jan 25</u> 19 <u>37</u>		
19. UNDERTAKER <u>Louise Martens</u> (ADDRESS) <u>6502 Joplin St. Joplin, Mo</u>		
20. FILED <u>1-23-37</u> 19 <u>37</u> <u>Ed W. Jarner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1926, to Jan. 21, 1937
I last saw her alive on Jan. 20, 1937. Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Colon
Secondary Peritonitis
Date of onset About 9/6/37
(1-19-37)

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) J. J. Jarner, M. D.
(Address) Joplin

