APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 9593

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Mrs. Mary Francis Walkup

(a) Residence, No. 4403 E. 39th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: L.H. Walkup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 5, 1861

7. AGE: YEARS 76 — MONTHS 3 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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): Saline County Mo.

FATHER

13. NAME: John B. Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Henrietta Minter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline County Mo.

17. INFORMANT (ADDRESS): Mrs. Charles R. Hathaway 4403 E. 39th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairfax, Mo. DATE Dec. 16, 1937

19. UNDERTAKER (ADDRESS): D.W. Newcomer's Sons

20. FILED Mch 15, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to March 14, 1937
I last saw her alive on Mch 14, 1937. Death is said to have occurred on the date stated above, at 9:55 P.M.
The principal cause of death and related causes of importance were as follows:

Bilateral Pyonephrosis — 1330
Pulmonary Embolism

Date of onset

Other contributory causes of importance:
None

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) John O. Lemmer, M. D.
(Address) 1402 Bryant

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