

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.

JUN 25 1937

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

Do not use this space.

20878

1. PLACE OF DEATH
7/6 County Osage Registration District No. 642
Township Nash Primary Registration District No. 5851
City Brown (No. _____) St. _____ Ward _____

2. FULL NAME Iva Florance Walden

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 67 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nick Walden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day	hrs.	min.
<u>68</u>	<u>67</u>	<u>10</u>	<u>25</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) May 11 1937 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn mo

13. NAME Richard B. Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

15. MAIDEN NAME Rebecca Laughlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn mo

17. INFORMANT Mrs Jim Bryan (ADDRESS) Linn mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linn mo. DATE May 18 1937

19. UNDERTAKER Seaton Pewitt (ADDRESS) Linn mo.

20. FILED Apr 17 1937 Mary L. Poyer Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 15 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1927, to 4-15, 1937
I last saw her alive on 3-15-37, 19____. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:
P.T.B. of both lungs

Date of onset _____

Other contributory causes of importance: 23

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

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? Yes
If so, specify _____
(Signed) Wm. H. McFaulkner, M. D.
(Address) Spokane

