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.

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH
County St Louis
Township Carondelet Affton, Mo.
City
Registration District No. 1123
Primary Registration District No. 6248 G
(No. Affton Mo 2 St. Ward)
File No. 21393
Registered No. 225

2. FULL NAME Ada Belle Walker
(a) Residence, No. Afton, Mo. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George W. Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 7, 1867

7. AGE: YEARS 70 | MONTHS 3 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
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): St. Louis Mo.

FATHER
13. NAME: John Loy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Kate Kerroni
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Geo Walker Afton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine Cem 6-1-37, 19

19. UNDERTAKER (ADDRESS): Southern Und. Co. 6322 S. Grand Blvd.,

20. FILED May 30, 1937 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-28-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1935, to May 28, 1937
I last saw her alive on May 28, 1937. Death is said to have occurred on the date stated above, at 4p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2/2/35
131	
Other contributory causes of importance: Arteriosclerosis	?

Name of operation — Date of —
What test confirmed diagnosis? Lab 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 (Herschenroeder)
(Signed) L. C. Herschenroeder M. D.
(Address) Metropolitan Bldg

[illegible]