WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-22-36 I X9314

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No. 34503

Township Galena — Primary Registration District No. 2002 — Registered No.

City Joplin Mo. (No. , St. Johns Hospital St. Ward)

2. FULL NAME Mrs Christine Walker

(a) Residence, No. Galena, Kansas St. Ward. Galena Kans.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE Filipino

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2. 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	6	14	

OCCUPATION

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

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) Sept. 16 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philippine Islands

FATHER

13. NAME Julio Evangelista

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philippine Islands

MOTHER

15. MAIDEN NAME No. Known.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philippine Islands

17. INFORMANT (ADDRESS) Mrs. Bessie Poor (friend) Galena, Kansas

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Hill Crest. Galena Kan DATE Sept 19 1937

19. UNDERTAKER (ADDRESS) Allison Fun. Home Galena Kansas

20. FILED 9-17 1937 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16th 1937, to Sept 16 1937

I last saw her alive on 9-16 1937. Death is said to have occurred on the date stated above, at 1:18 m.

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

Cerebral Hemorrhage — Date of onset 9/16/37

8201

Other contributory causes of importance: Hypertension

Name of operation none Date of

What test confirmed diagnosis? none 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) [signature], M. D.

(Address) 616 Tusco Bldg Joplin Mo