

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

Do not use this space.

REC'D SEP 26 1938

1. PLACE OF DEATH

County Monroe
Township Marion
City Madison (No. _____)

Registration District No. 579
Primary Registration District No. 2351

File No. 29533
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lucritia Walker 426

(a) Residence No. _____ 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF AK

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 3, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 10 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Monroe County, Mo.

PARENTS

10. NAME OF FATHER William Capp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Margaret M. Randolph

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co., Mo.

14. INFORMANT Mrs. William Duvall
(Address) Madison, Missouri

15. FILED 9/19, 1938 Mrs. L. A. Thompson REGISTRAR
513

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1938

17. I HEREBY CERTIFY, That I attended deceased from Aug 17 1938 to Aug 18 1938 that I last saw her alive on Aug 17 1938, and that death occurred, on the date stated above, at 2 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Hypertension (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) [Signature]
. 19 (Address) Madison Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Phillips Cemetery 8/19 1938

20. UNDERTAKER

L. A. Thompson ADDRESS Madison Mo.

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.

NOV 20 1968

RECEIVED

District Health Officer No. 10

District File Number 10-38-179

Date Filed 9-16-38