REC'D SEP 21 1938

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

Do not use this space.

29845

File No. 76

Registered No.

1. PLACE OF DEATH
County Ray
Township Crooked River
City Hardin Mo (No. St. Ward)

Registration District No. 740
Primary Registration District No. 4442

2. FULL NAME Mrs Ellen 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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eldridge Walker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 29 1888
7. AGE: YEARS 49 MONTHS 11 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.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Wife
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): Ramsey County Mississippi

FATHER
13. NAME: Willis Mayes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Dorit Trudell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Mr Eldridge Walker Hardin Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hardin Cemetery DATE August 31 38
19. UNDERTAKER (ADDRESS): O. W. Marbut Richmond Missouri
20. FILED Aug. 30, 1938 R. L. Wilford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938, to Aug 29, 1938
I last saw her alive on Aug 28, 1938. Death is said to have occurred on the date stated above, at 3:45 A.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Asthma — Date of onset 8/26/38
Had attacks of Asthma Periodically for years

Other contributory causes of importance: Occluded Bowel from Adhesions following Fibroid Tumor removal 2 or 3 yrs ago.

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Marion Grimes, M. D.
(Address) Hardin, Mo.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/19/38