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JAN 16 1939

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

3193  
Do not use this space.

1. PLACE OF DEATH  
(a) County New Madrid Registration District No. 56  
(b) Township Isidore Primary Registration District No. 4033  
(c) City Madison (d) Street No. \_\_\_\_\_ Registered No. 10  
(If death occurred in Hospital or Institution, write its name instead of street and number) 1352 St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 496 EVA WALKER  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

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 Frank Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. (unknown) 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
34 ? ?

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc. ✓  
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) Pipley Tennessee

FATHER  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Frank Walker Isidore, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Canttlersville, Mo. DATE 1/3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) The Ferguson Co. Canttlersville, Mo.

20. FILED Jan 10 1939 M. V. Murrin Local Registrar.

MEDICAL CERTIFICATE OF DEATH 6:00 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1939

22. I HEREBY CERTIFY That I attended deceased from Sept 12th 1938 to Nov 18th 1938  
I last saw her alive on Nov 18th 1938 Death is said to have occurred on the date stated above, at 6:00 A.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of cervical glands  
Date of onset Oct 1938

Other contributory causes of importance:  
Painful Angina Aug 38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

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) J. B. Steinhilber, M. D.  
Clarkston (Address)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*John S. Schuman*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*J. S. Schuman*

Licensed Embalmer No. 4086

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**