

REC'D APR 18 1939

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

10461

Do not use this space.

## 1. PLACE OF DEATH

(a) County Chariton 2 Registration District No. 175  
(b) Township Salisbury 1 Primary Registration District No. 4104 Registered No. 16  
(c) City Salisbury (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

186 Mary Walkerman  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Eugene Walkerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 1 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homekeeper

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 1

13. NAME Murray 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Jess Shibley

Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warren, Pa. DATE 3/28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo B Whitehauer

Salisbury, Mo.

20. FILED 3/25 - 1939 W. Law Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938, to March 25, 1939

I last saw her... alive on March 24, 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Chronic myocarditis  
Coronary Thrombosis

Date of onset

1-15-39

Other contributory causes of importance: None

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Electrocardiogram 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) J. L. Adams - 1, M. D.

(Address) Salisbury, Mo

RECEIVED  
District Health Officer No. 8  
District File Number  
4/25/37

**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, \_\_\_\_\_

*Kirk Winkelmeier*, or by \_\_\_\_\_

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

Signed *Kirk Winkelmeier*

Licensed Embalmer No. *3981*

P. O. Address *Salisbury, Mo*

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

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