

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.

REC'D APR 21 1939

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

Do not use this space.

1. PLACE OF DEATH 2
 114 County Wright Registration District No. 904
 Township Lakeonade Primary Registration District No. 6221
 City (No.) St. Ward

2. FULL NAME 426 Buelah Mae Walker
 (a) Residence, No. Manassfield Mo. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 4 mos 2 wks 5 dm How long in U. S., if of foreign birth? yrs. mos. da.

12728

File No. 8
Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 25 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. -

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) Manassfield Mo

MOTHER FATHER

13. NAME Paul E. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co Mo

15. MAIDEN NAME Effie Pearl Calhoun

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co Mo

17. INFORMANT Paul E. Walker (ADDRESS) Manassfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Half Creek Cemetery DATE Mar 16 1939

19. UNDERTAKER (ADDRESS) A. J. Stiff

20. FILED April 10 1939 Carlyne Ellis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1939 to Mar 15 1939
 I last saw her alive on Mar 15 1939 Death is said to have occurred on the date stated above, at 9:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Premature birth
Six and one-half months
 Date of onset 15 1939

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? No 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 L.C. Wostley D.D.
 (Signed) W. H. Wostley (Address) Wright Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-39-911

Date Filed APR 19 1939