

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

Do not use this space.

REC'D APR 21 1939

**1. PLACE OF DEATH**

County Wright Registration District No. 906  
Township Gasconade Primary Registration District No. 6221  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 12729  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 426 Eula Mae Walker Ward \_\_\_\_\_  
(Usual place of abode) Mansfield Mo (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. Thrs 8m How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>D.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-12-1939</u>		
7. AGE YEARS	MONTHS	DAYS
		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.	—
	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) Mansfield Mo

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) Mansfield Mo

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

19. UNDERTAKER (ADDRESS) R.A. Stubble

20. REGISTRAR (ADDRESS) Carlton 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 h. or alive on Mar 15 1939. Death is said to have occurred on the date stated above, at 11:45 P.m.

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

Premature birth  
6 1/2 months  
154  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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) F. B. W. Orthey, D.D. M.D.  
Hartsville Mo  
833 (Address)

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.

RECEIVED

District Health Officer No. 6.

District File Number

6-39-912

Date Filed

APR 19 1939