

REC'D SEP 19 1939

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

29881  
Do not use this space.

1. PLACE OF DEATH

(a) County Perisnot Registration District No. 658  
(b) Township Virginia Primary Registration District No. 8872  
(c) or City \_\_\_\_\_ (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 Clara May Walker

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8--4--39, 19

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

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to Aug. 4, 1939  
I last saw her alive on July 26, 1939 Death is said to have occurred on the date stated above, at 4:00 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1938

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 4 5

Diarrhea  
Bacillary Dysentery  
Date of onset June

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Steele 0  
(STATE OR COUNTRY) Mo 1

Other contributory causes of importance: 119 lbs

13. NAME John D Walker

14. BIRTHPLACE (CITY OR TOWN) Ravenden 1  
(STATE OR COUNTRY) Ark

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

15. MAIDEN NAME Minnie Foster

16. BIRTHPLACE (CITY OR TOWN) Butler, Co  
(STATE OR COUNTRY) Ark

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.

17. INFORMANT John D Walker  
(ADDRESS) Steele, Mo

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE No 8, Cem DATE 8--5--, 1939

24. Was disease or injury in any way related to occupation of deceased? No

19. FUNERAL DIRECTOR (NAME) German Hndt Co  
(ADDRESS) Steele, Mo

If so, specify \_\_\_\_\_  
(Signed) Asier J. Speer M. D.  
A. Kerring M. D.  
(Address) \_\_\_\_\_

20. FILED 9/8 29 Steele, Mo  
Local Registrar. 587

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. 3

District File Number 939-50

Date Filed 9/12/39

**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, or by.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**