

REC'D SEP 21 1938

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

James
Do not use this space.

29845

1. PLACE OF DEATH
 County Ray Registration District No. 740
 Township Crooked-River Primary Registration District No. 4442
 City Garden Mo (No. 1) St. _____ Ward _____
 2. FULL NAME Mrs Ellen Walker 426
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

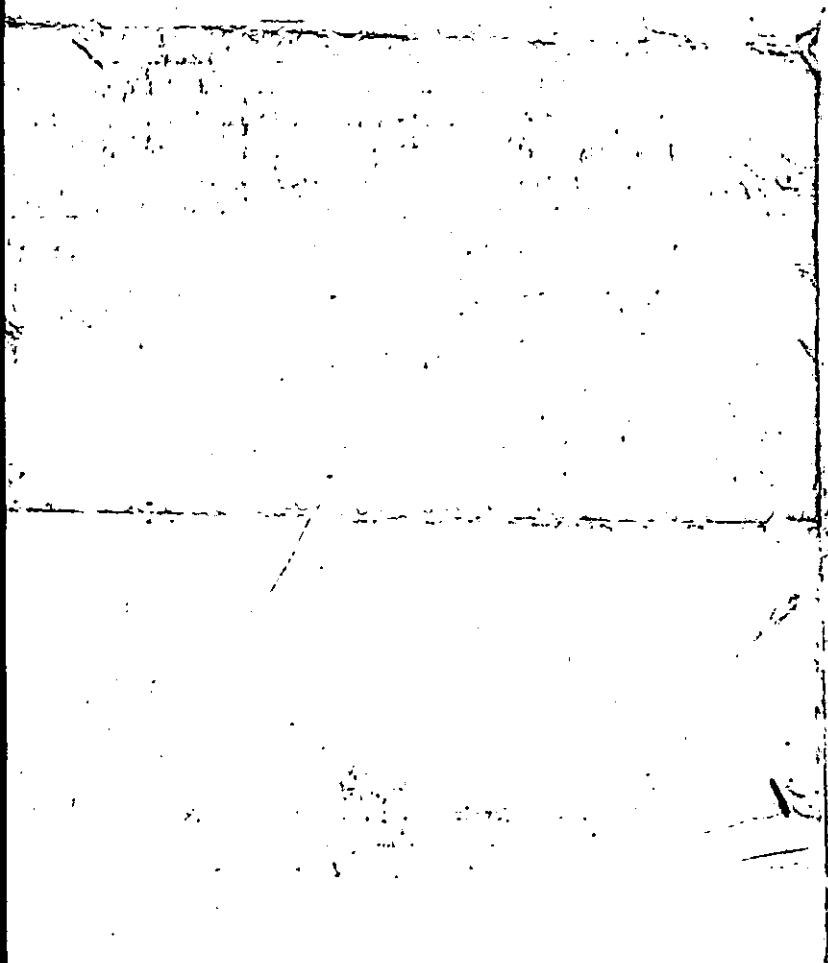
MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE Black
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Eldridge Walker
 7. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 29, 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 11 9
 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. House Wife
 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) Ray County Missouri
 13. NAME Willis Mayes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Bentley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Mr Eldridge Walker
 (ADDRESS) Garden Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Garden Cemetery DATE August 29, 1938
 19. UNDERTAKER P. W. Mansuet
 (ADDRESS) Ray and Mississippi
 20. FILED Aug. 30, 1938 P. D. Wilford Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938, to Aug 29, 1938.
 I last saw her alive on Aug 28, 1938. Death is said to have occurred on the date stated above, at 3:55 a.m.
 The principal cause of death and related causes of importance were as follows:
Cardiac Asthma
Had attacks of asthma periodically for years
Other contributory causes of importance: Occluded Bicuspid Valve Adhesions following Tubercular Joints removed 2 or 3 yrs ago.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) Marion Grimes _____, M. D.
 (Address) Garden, Mo.

Date of onset
8/21/38

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION IS VERY IMPORTANT.



V

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/19/38