

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

Do not use this space.

40452 A

PLACE OF DEATH

County Ray Co Registration District No. 744 File No.
 Township Franklin Primary Registration District No. 3976B Registered No. 13
 City Franklin (No.) St. Ward)

2. FULL NAME Irene Walker

(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

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/23/1906</u>		
7. AGE	YEARS	MONTHS
	<u>24</u>	<u>0</u>
		DAYS
		<u>4</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>Ray Co Mo</u> <u>Canada</u>		
FATHER	13. NAME <u>Kimbleton Walker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington Mo</u> <u>Lancaster Co</u>	
MOTHER	15. MAIDEN NAME <u>Francis Boyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Galine Mo</u>	
17. INFORMANT <u>Kimbleton Walker</u> (ADDRESS) <u>Franklin Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cramer Cemt</u> DATE <u>12/29</u> <u>30</u>		
19. UNDERTAKER <u>C. V. Gibson</u> (ADDRESS) <u>Franklin Mo</u>		
20. FILED <u>Feb 8</u> 19 <u>31</u> <u>E. B. Day</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27 1930

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1930 to 12-27 1930.
 I last saw her alive on 12-27 1930. Death is said to have occurred on the date stated above, at 4 a m.
 The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation Date of onset 2 yrs
131
60%
 Other contributory causes of importance Chronic Nephritis
100%
70%
 Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? sp

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) E. B. Day M. D.
 (Address) Franklin Mo

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.

WRITE PLAINLY, WITH OMPACTING INFORMATION IN THE SPACES PROVIDED

1931
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