

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

Do not use this space.

15691

1. PLACE OF DEATH
 County Ray Co Mo Registration District No. 739 File No. _____
 Township Cauden Primary Registration District No. 4441 Registered No. _____
 City Cauden (No. _____) St. _____ Ward _____

2. FULL NAME Mary Susie 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>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Vic Walker</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3-3-1885</u>		
7. AGE	YEARS	MONTHS
	<u>44</u>	<u>1</u>
		26
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>		
PARENTS	10. NAME OF FATHER <u>J. S. Murphy</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	12. MAIDEN NAME OF MOTHER <u>Hannah K Porter</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>	
14. INFORMANT <u>Vic Walker</u> (Address) <u>Cauden Mo</u>		
15. FILED <u>May 11, 1929</u> <u>W. W. Burgess</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-29 19 29

17. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1929, to Apr 29, 1929 that I last saw her alive on Apr 29, 1929, and that death occurred, on the date stated above, at 11 clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) L. E. Ellis, M. D.
Apr 30, 1929 (Address) Cauden Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Cravens Cem.</u>	DATE OF BURIAL <u>5-1</u> 19 <u>29</u>
20. UNDERTAKER <u>W. J. Gibson</u>	ADDRESS <u>Cauden Mo</u>

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.

1929

