

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.

SEP 15 1934

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

Do not use this space.

30512

1. PLACE OF DEATH

89 County RAY
Township CAMDEN
City CAMDEN (No., St. Ward)

Registration District No. 739
Primary Registration District No. 4441

File No.
Registered No.

2. FULL NAME MATTIE 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 11 25

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) Ray Co Mo13. NAME Robert Walker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Hannie Bailey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Robt. Walker (ADDRESS) Camden Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Camden Mo DATE 8/19/3419. UNDERTAKER E. M. Joiner (ADDRESS) Camden Mo20. FILED Aug 23 1934 J. W. Burgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1934 to Aug 18 1934
I last saw him alive on Aug 18 1934. Death is said to have occurred on the date stated above, at 12:45 a.m.

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

Acute Pericarditis
38
90%
Other contributory causes of importance:
Malaria 35

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?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 injury24. Was disease or injury in any way related to occupation of deceased? Mo
If so, specify Geo. S. Pennington, M. D.(Signed) Geo. S. Pennington, M. D.
(Address) Camden Mo

