199.

SEP 25 1928

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

Do not use this space.

26822

File No.

Registered No. 199

1. PLACE OF DEATH
County: Cole
Township:
City: Jefferson (No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 5014

2. FULL NAME: Polly Ann Walker

(a) Residence. No. 827 Jackson St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 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): Widowed

5A. ~~If Married, Widowed, or Divorced~~ ~~HUSBAND of~~ (OR) WIFE OF: Nelson L Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 14 1844

7. AGE: Years 83 | Months 8 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nicholson Penna

PARENTS
10. NAME OF FATHER: Orin L Halstead
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penna
12. MAIDEN NAME OF MOTHER: Mary Rizzuberg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ga

14. INFORMANT: Neal L Walker
(Address): 827 Jackson

15. FILED 9-6-28, 19..... S. V. Oedford M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 19 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Aug 19, 1928, that I last saw h. alive on Aug 19, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Anemia, Arteriosclerosis, Senile dementia.

97

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 916

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. A. Dearing, M. D.

8/30, 19 8 (Address) Jefferson City 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: Nicholson Pa — DATE OF BURIAL: 8/27 28

20. UNDERTAKER: Dawson Tanner — ADDRESS: J.C. 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.