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

Do not use this space. 21433

399

2567

1002

1. PLACE OF DEATH
County Jackson Registration District No.
Township Grand Primary Registration District No.
City Kansas City (No. 4309 Washington St. Ward)

File No.
Registered No.

2. FULL NAME Sallie Walker
(a) Residence. No. 4309 Washington St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	Col.	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	7	5	

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

9. BIRTHPLACE (CITY OR TOWN) Georgia
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wm Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Lucinda Bowles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Georgia

14. INFORMANT Maggie Thomas
(Address) 4309 Washington

15. FILED 6/7, 1929 M. M. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/5 1929

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1929, to June 3, 1929, that I last saw her alive on June 3, 1929, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lobar pneumonia
108
97 | 01 A
(duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Don't know
(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) H. C. Lepping M. D.
6/5, 1929 (Address) 226 Lumber Bldg.

*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 Highland | DATE OF BURIAL 6/7 1929

20. UNDERTAKER Hotkins Bros. | ADDRESS 1729 Lydia

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.

JUN 26 1941