

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

Do not use this space.

23545-a

76

1. PLACE OF DEATH

County Jessie  
Township Rushland  
City Sikeston (No. ....)

Registration District No. 821  
Primary Registration District No. 6070

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

Sarah 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 9 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work  
(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) Missouri

10. NAME OF FATHER

Jasper Ward

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Elvira Kelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT Jno Walker  
(Address) Sikeston Mo

15.

FILED 9/10/29 Walker  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 19 29

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1929, to June 20, 1929, that I last saw h. .... alive on June 19, and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cardiac Arrest - 3rd attack  
95 B (duration) .... yrs. .... mos. 4 ds.

CONTRIBUTORY (SECONDARY)

Diabetes (duration) 6 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? no DATE OF June 20 - 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) L O Rodes, M. D.

6/20, 19 29 (Address) Sikeston 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

Memorial Park 6/21 19 29

20. UNDERTAKER

H. Stetsh Sikeston 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.

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20  
1929  
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PARENTS

