

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

Do not use this space.

15609

1. PLACE OF DEATH

County Christian
Township Sparta
City (No. _____) _____ St. _____ Ward _____

Registration District No. 185
Primary Registration District No. 3258

File No. _____
Registered No. _____

2. FULL NAME Sarah Walker

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 Widow of Dave Walker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4-1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>81</u>	<u>10</u>	<u>7</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(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) Mo.

PARENTS

10. NAME OF FATHER Abraham Shigeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Ester Garrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn

14. INFORMANT Chas Chromater
(Address) Sparta, Mo.

15. FILED 6-1, 1930 Mrs. L. B. Clemens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11th 1930

17. I HEREBY CERTIFY, That I attended deceased from D.C.D. 1930, to May 11th 1930 that I last saw her alive on May 5th 1930 and that death occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Rectum
45 (duration) 1 yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

(1) DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? By Dr. H. H. White, M. D.
(Signed) _____
5/12, 1930 (Address) Sparta, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Johnson, Cemetery DATE OF BURIAL 5-13th 1930

20. UNDERTAKER Rachben & Chaffin ADDRESS Sparta, Mo.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

