

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

Do not use this space.

31868

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township..... Primary Registration District No. 3038
 City Marshall (No.) St. Ward)

2. FULL NAME Mattie Walk

(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) Apr 18 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) St. Joseph Mo.

13. NAME Mattie Walk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion

15. MAIDEN NAME Virline Tidbury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) J. P. Sowash Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Longwood DATE Sept. 10, 1933

19. UNDERTAKER (ADDRESS) W. H. Campbell Marshall Mo.

20. FILED 9/10/33 Valuer Deputy Registrar.

IV MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Sept 9, 1933
 I last saw him alive on Sept 8, 1933 Death is said

to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Acute Enteritis Date of onset 7/20/33
Chronic Pul Tubercular 1923

Other contributory causes of importance: Chronic Pul Tubercular

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? no Date of injury no, 19
 Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no

(Signed) A. H. ... M. D.
 (Address) Marshall 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 20 1933

23-1-2

