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

Do not use this space.

1. PLACE OF DEATH
County: Calloway
Township: Fulton
City: (No. ..... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 5153

File No. 19693
Registered No. 139

2. FULL NAME: Jessie E. 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: X
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 11, 1858

7. AGE: YEARS 75 | MONTHS 11 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Missouri

FATHER
13. NAME: John Dawson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Lou Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Rastus Walker
(ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Central Christian Church Cem. DATE: July 1, 1934

19. UNDERTAKER: J. A. Gray
(ADDRESS) Fulton, Mo

20. FILED: 7-1-, 1934 R. N. Creech, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26th, 1934, to June 28th, 1934
I last saw h.. alive on June 29th, 1934. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1yr.
93C	
82A	

Other contributory causes of importance:
Cerebral Hemorrhage

Name of operation: X Date of: X
What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury: X, 19..
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: X
Nature of injury: X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. H. Christian, M. D.
(Address) Fulton, 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.

JUL 16 1934