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.

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

MAR 21 1936

Do not use this space.

6178

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 999

Township Kaw Primary Registration District No. 1002 Registered No.

City Kansas City Mo. (No. 5015 Thompson St. Ward)

2. FULL NAME Sadie Walton

(a) Residence, No. 5015 Thompson Kansas City Mo. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1866

7. AGE Years 69 Months 4 Days 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 S. J. Babcock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Sarah Tuck

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

17. INFORMANT (ADDRESS) Florence Mitchell 5015 Thompson K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herman Cem. DATE Feb. 24 1936

19. UNDERTAKER (ADDRESS) Morton Funeral Home North Kansas City

20. FILED 4/24 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936 to Feb 22, 1936

I last saw her alive on Feb 22, 1936 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mystical Reg	Year
922	
Other contributory causes of importance: Acute Myocarditis	10 Days

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? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. L. St. Clair, M. D.

(Address) 5242 St. John