

JUN 24 1937

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

Do not use this space.

20783

1. PLACE OF DEATH

County New Madrid  
Township Galma  
City Risco (No. \_\_\_\_\_)

Registration District No. 5-2-605  
Primary Registration District No. 6262

File No. \_\_\_\_\_  
Registered No. 1352  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elizabeth Fay 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 4 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
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) Risco Mo

MOTHER FATHER 13. NAME Clifford Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galma Mo.

15. MAIDEN NAME Mary Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pollard Ark

17. INFORMANT (ADDRESS) Clifford Walker, Galma Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo. DATE 6-5-37

19. UNDERTAKER (ADDRESS) H. R. Craig, Malden Mo.

20. FILED 6-10-1937 M. V. Munnich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1937

22. I HEREBY CERTIFY That I attended deceased from May 27, 1937 to May 23, 1937

I last saw her alive on May 23, 1937 Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Cholera  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 11/13

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Stool Was there an autopsy? no

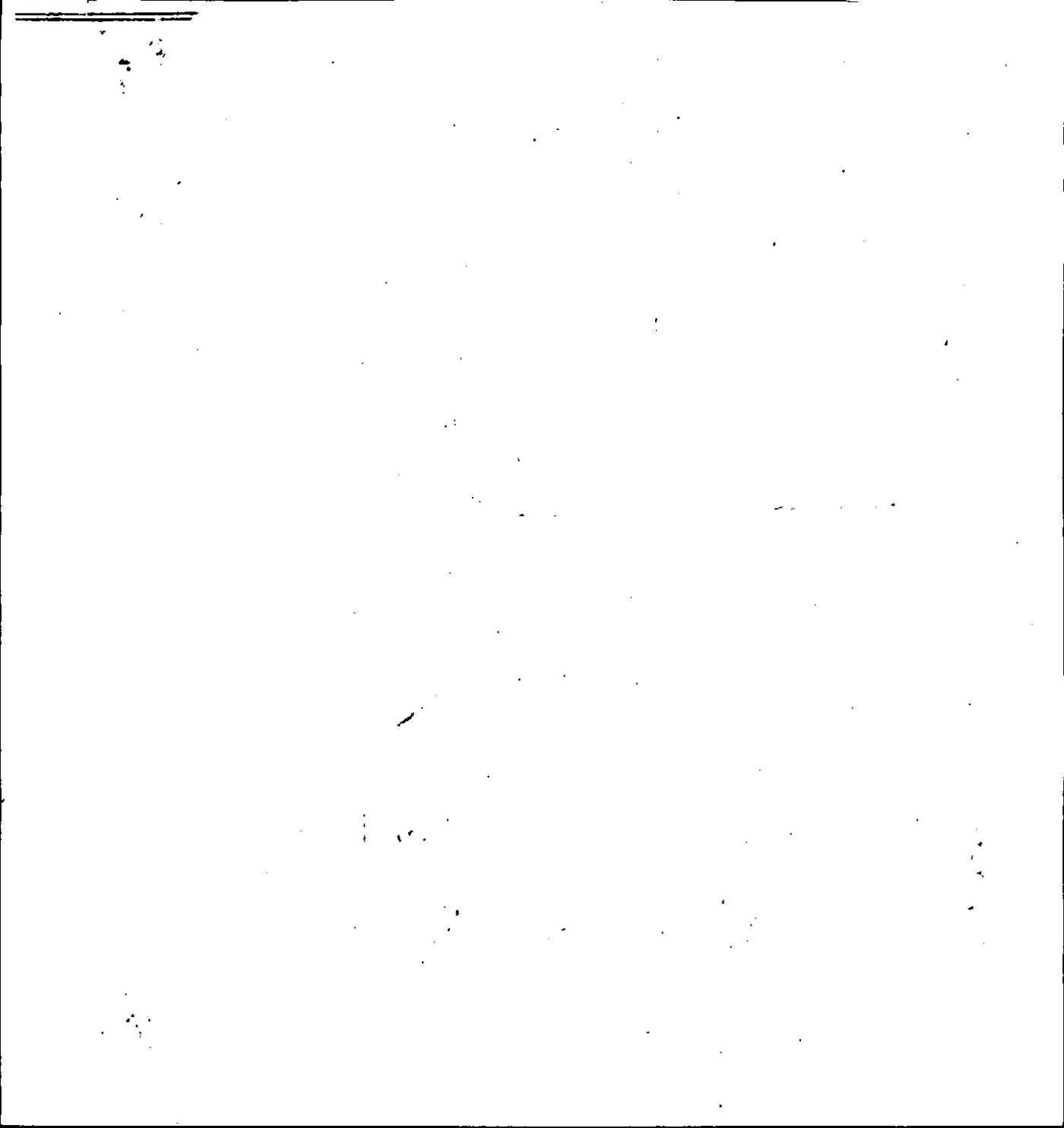
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none

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 yes  
Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_ (Signed) A. D. Ellis, M. D.  
(Address) Galma Mo





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