

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

17340  
Do not use this space.

1. PLACE OF DEATH <sup>REC'D JUN 9 1938</sup>  
 (a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 4215 E. 43rd. Registered No. 2027  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Alice Jane Walkey 47  
 (a) Residence, No. 4445 Spruce St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry H. Walkey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	67	7	14	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Trafalgar Indiana

FATHER  
 13. NAME Marion Trout  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER  
 15. MAIDEN NAME Martha Ann Neil  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Otterville Mo

17. INFORMANT Virgil Walkey  
 (ADDRESS) 2217 Olive

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Floral Hills DATE May 17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dunnecon's Sons Brushcreek + Paseo.

20. FILED May 16, 1938 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 15, 1938  
 I last saw her alive on May 15, 1938. Death is said to have occurred on the date stated above, at 8:15 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Endocarditis  
myocarditis  
 Date of onset 1936

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no  
 If so, specify.....  
 (Signed) F. C. Runney, M. D.  
 (Address) 311 Agate Blvd

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.

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

*13-5*  
*U11572*  
*Angela Kelly*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Nell Carr*

Licensed Embalmer No. *3976*

P. O. Address *1401 Brushcreek*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**