

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.

SEP 12 1939

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

31300
Do not use this space.
5407

1. PLACE OF DEATH

(a) County..... Jackson..... Registration District No. 399
(b) Township..... Kaw..... Primary Registration District No. 100
(c) City or Town..... Kansas City, Mo..... (d) Street No. St Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

421 Mrs. Clara Edith Wing Walker
(a) Residence, No. 1112 Scattitt St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis Walker		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1874		
7. AGE YEARS 65	MONTHS 2	DAYS 10
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan	
	13. NAME Everett Estes	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan	
	15. MAIDEN NAME Julia Dean	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan		
17. INFORMANT (ADDRESS) Dean Henderson, 139 N Chelsea		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Sept, 7th, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. H. Blackman City		
20. FILED Sept 6, 1939 M. M. Brown Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/30/39, 19, to 9/5/39, 19. I last saw him alive on 9/5/39, 19. Death is said to have occurred on the date stated above, at 2:05 AM. The principal cause of death and related causes of importance were as follows:
General pneumonia from influenza, thrombosis, dissection.

Other contributory causes of importance:
hypertensive hemorrhage.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) R. C. Coffey M. D. (Address) 1103 Grand St. E. C. Mo.

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..... *H. B. Blackman*

Licensed Embalmer No. *3639*

P. O. Address. *17 C. Mo*

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.