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FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14089

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 129

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
1
2

1. PLACE OF DEATH

(a) County: Callaway

(b) City or town: Fulton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #1 2. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo. & 8 da. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Randolph 14

(c) City or town: Cairo Mo. (If outside city or town limits, write "RURAL") 1

(d) Street No.: Route #2 (If rural, give location) 2

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: EFFie Vie Walker

3. (b) If veteran, name war:

3. (c) Social Security No. none

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Louis P. Walker

6. (c) Age of husband or wife if alive: D.K. years

7. Birth date of deceased: July (Month) 26 (Day) 1884 (Year)

8. AGE: Years 56 Months 9 Days 3 If less than one day hr. min.

9. Birthplace: Randolph Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: J. W. E. Cosby
13. Birthplace: D.K. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Miranda Bullock
15. Birthplace: D.K. (City, town, or county) (State or foreign country)

16. (a) Informant: State Hospital Record
(b) Address: Fulton Mo.

17. (a) Burial Removal (Burial, cremation, or removal) (b) Date thereof 4-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethlehem Cem

18. (a) Signature of funeral director: Stephen S. Goodding
(b) Address: Macon, Mo.

19. (a) April 27, 1941 (Date received local registrar) (b) R. N. Creed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 27, year 1941, hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to April 27, 1941; that I last saw h. alive on April 27, 1941; and that death occurred on the date ~~and hour~~ stated above.

Immediate cause of death: Peritonitis (24) — Duration: 7 days

Due to: some low grade infection
Exact cause not determined

Due to:

Other conditions: Involutional melancholia
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Exudative Peritonitis with over 2 plus straw colored fluid
Of autopsy: none performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: C. S. Tate (M. D. or other) D
Address: State Hosp. #1, Fulton Mo Date signed 4-27-41

(Licensed Embalmer's Statement on Reverse Side)

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

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

If this body is not embalmed, fact should be so stated above.