

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

Do not use this space.

NOV 13 1934

36729

1. PLACE OF DEATH

County Moniteau
Township Harrison
City Compton (No.)

Registration District No. 576
Primary Registration District No. 7734A

File No.
Registered No. Seven
St. Ward

2. FULL NAME

Camila 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 8/19 1933 to 10/29 1934
I last saw him alive on 10/29 1934. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1878

Uremic Poisoning
Chronic Interstitial Nephritis
Date of onset 10/1/34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. all of life

Other contributory causes of importance: 132B 1931

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo

13. NAME William R Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo

15. MAIDEN NAME Sarah Jane Roark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.

17. INFORMANT Grace Compton

(ADDRESS) Barnett High Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point DATE 10-31 1934

19. UNDERTAKER W A Gows

(ADDRESS) Barnett Mo

20. FILED 10-30 1934 Jewell W Phillips Registrar.

Name of operation Date of
What test confirmed diagnosis? Urinal 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) G J Walker M. D.
(Address) Eldon Mo.

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.

2032

