FILED JAN -5 1939

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

44386
Do not use this space.

1. PLACE OF DEATH
(a) County Saintfrancis Registration District No. 38
(b) Township Randolph Primary Registration District No. 6024B Registered No. 28
(c) City Leadwood (d) Street No. .... 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 Amanda M Walker
(a) Residence, No. .... St. ....
(Usual place of abode, if no street address, write county or city) (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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9, 1855
7. AGE: Years 83, Months 5, Days 0. If LESS than 1 day, ...hrs. or ...min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: own house
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation: 65
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgrade, Mo
13. FATHER — NAME: John Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
15. MOTHER — MAIDEN NAME: Priscilla Carris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
17. INFORMANT: Augusta Reeves
(ADDRESS): Leadwood Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wright Cemetery DATE Dec 4, 1938
19. FUNERAL DIRECTOR (NAME): Sparks
(ADDRESS): Potosi Mo
20. FILED 12/10 1938 W E Aubuchon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1938, to Dec 2, 1938
I last saw her alive on Dec 1, 1938. Death is said to have occurred on the date stated above, at 1 P.m.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia — Date of onset: Nov 30
Arteriosclerotic nephritis

Other contributory causes of importance: ....

Name of operation .... Date of ....
What test confirmed diagnosis? none 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) John W. Hunt M. D.
(Address) Leadwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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..

Licensed Embalmer No..

P. O. Address..

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

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

44386
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois
Registration District No. 33
(b) Township Randolph
Primary Registration District No. 6624B
Registered No.
(c) City
(d) Street No. 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 Amanda M Welker
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85	5	0	

OCCUPATION
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.
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)

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED 2-17 1939 W. E. Aubuchon Per B.K. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1938

22. I HEREBY CERTIFY, That I attended deceased from ...., 19.... to ...., 19....

I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at ....m.

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

Other contributory causes of importance:

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

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?
If so, specify
(Signed) John W Hunt, M. D.
(Address) Leadwood, 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.