

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Highland Registration District No. 4860 File No. 9 3286
Township Haines Primary Registration District No. _____ Registered No. _____
or Village _____ No. _____ St. _____ Ward _____
(if death occurred in a hospital or institution, give its NAME instead of street and number)
or City of _____

2 FULL NAME Rebecca A 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

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Widowed

5a If married, widowed or divorced
HUSBAND of Henry Walker
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15 1841

7 AGE Years Months Days If LESS than 1 day... hrs. or... min.
. 82 8 5

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) _____
(State or country) Highland Co. Ohio

10 NAME OF FATHER Isaac Vance

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Penn.

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Penn.

14 Informant Oliver Walker
(Address) Winkle, Ohio

15 Filed 8 24 19 24 Floyd H. Pence
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan. 6 1924

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1923, to Jan. 6, 1924
that I last saw her alive on Jan. 5, 1924
and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:
Acute Gastro Enteritis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Post
(Signed) P. E. McKinney, M. D.

Jan. 6, 1924 (Address) Newrytown Ohio

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

Harriet P. McKinney Jan. 8 1924

20 UNDERTAKER, License No. 5702 ADDRESS _____

Robert McKinney Newrytown O.

See instructions on back of certificate.