

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County Sarasota District No. 60-01  
 Precinct Bee Ridge Precinct No. 60-047 State File No. 18881  
 or (Write name, not number)  
 Inc. Town Bee Ridge City or Town No. \_\_\_\_\_ Registered No. 952  
 or  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Sarah A. Walker  
 (a) Residence: No. Bee Ridge St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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) Widow  
 6a. If married, widowed or divorced HUSBAND of (or) WIFE of Oliver A. Walker  
 6. DATE OF BIRTH (month, day and year) Jan. 25-1848  
 7. AGE Years 87 Months 9 Days 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

21. DATE OF DEATH (month, day, and year) 11-19-1935  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1935 to Nov 19 1935  
 I last saw him alive on Nov 19 1935 death is said to have occurred on the date stated above, at 8:45 pm.

The principal cause of death and related causes of importance in order of onset were as follows:  
apoplexy  
 Date of onset \_\_\_\_\_  
 Contributory causes of importance not related to principal cause:

12. BIRTHPLACE (city or town) (State or country) Ala.  
 13. NAME Bassus  
 14. BIRTHPLACE (city or town) (State or country) Ala.  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (city or town) (State or country) Ostry Ala.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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.

17. INFORMANT Joseph C. Walker (Address) Bee Ridge  
 18. BURIAL, CREMATION, OR REMOVAL Place Forest Hills Date 11-20-35  
 19. UNDERTAKER Thacker & Van Zandt (Address) Sarasota  
 20. FILED Nov. 20 1935 Oliver A. Walker Registrar

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 so, specify \_\_\_\_\_  
 (Signed) [Signature] M.D.  
 (Address) Sarasota

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.  
 7. S. No. 4