

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 Oliver A. Walker (or) WIFE of _____

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 _____

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.

17. INFORMANT Joseph C. Walker (Address) Bee Ridge

18. BURIAL, CREMATION, OR REMOVAL Place Firstville Date 11-20-35

19. UNDERTAKER Thacker & Van Zandt (Address) Sarasota

20. FILED Nov. 20 1935 Oliver A. Sewell Registrar

21. DATE OF DEATH (month, day, and year) 11-19-35
 22. I HEREBY CERTIFY, That I attended deceased from 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

Contributory causes of importance not related to principal cause:

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.

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.