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.

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

Do not use this space.

4639

File No. .....
Registered No. .....
St. 8000 Ward)

Registration District No. 3239
Primary Registration District No. 8 3 3 2 2

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 405 W. 59th St. Terrace

2. FULL NAME George Kenyon Walton

(a) Residence. No. 405 W 59th St Terrace Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Sadie B. Walton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 29 - 1872

7. AGE: Years 51 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Builder & Contr 2 yrs
(b) General nature of industry, business, or establishment in which employed (or employer) Geo. K. Walton Const Co. 409 W 75th St
(c) Name of employer formerly with Goff & Carkener Board Trade

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Big Foote Ill.

PARENTS

10. NAME OF FATHER Wm Benj Walton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland
12. MAIDEN NAME OF MOTHER Eva Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Big Foot Ill.

14. INFORMANT Mrs Sadie B. Walton
(Address) 405 W 59th St Terrace

15. FILED Mar 24 1924 M. M. C. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr. 26 1924

17. I HEREBY CERTIFY, That I attended deceased from Feb 4 1923, to Feby 26 1924, that I last saw him alive on Feby 21 1924, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Terminal pneumonia (duration) ..... yrs. ..... mos. 3 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? Clinical Exam.
(Signed) R. T. Bloom, M. D
2-28, 1924 (Address) Realty Bldg

*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 Forest Hill C.
DATE OF BURIAL 2/29 1924

20. UNDERTAKER Eylar Bros
ADDRESS 1800 Linwood

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless im-

Betty, 1 to 4 P.M.
Wed Rd.

P. Harrison 8?2
1. H.P. 35?

Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

Committee on Nomenclature of the American Medical Association.)

Statement of Occupation.—Precise statement of the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report