

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

Do not use this space.

29592

1. PLACE OF DEATH  
 County Rochester Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. State Hospital for Insane No. 2 St. 1048 Ward)

2. FULL NAME Esther Walters  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Hannibal, Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. 7 mos. 10 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 None None

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

14. INFORMANT Hospital records  
 (Address) St. Joseph, Mo.

15. FILED 11 1927  
John G. Webb REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 11th 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1927 to Oct. 11th 1927  
 that I last saw h.c.r. alive on Oct. 11th 1927, and that death occurred, on the date stated above, at 7:30-8 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Pulmonary Tuberculosis

54 23A  
59  
AA (duration) yrs. mos. da.  
 CONTRIBUTORY Diabetes Mell. & Insulin  
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: Not known

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory  
 (Signed) Dr. Dewey, M. D.

Oct 11 1927 State Hosp. No 2  
 \*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hannibal, Mo. DATE OF BURIAL Oct. 14 1927

20. UNDERTAKER St. Eaton Beagle and Co. 19 N. 10 St.  
by J. W. Scarle ADDRESS

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.

127

31

