

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 299 File No. 8964
 Township Law Primary Registration District No. 1002 Registered No. 1150
 City Nauvoo City (No. 591d & Highland Ave. St. Ward)

2. FULL NAME Peter Walters

(a) Residence. No. 531d & Highland Ave. Ward. 2
 (Usual place of abode) Home for the aged (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 1/2 yrs. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL-PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 18 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Meyers

17. I HEREBY CERTIFY, That I attended deceased from Jan 1925, to 3-13 1928, 1928
 that I last saw him alive on Mar 18 1928 and that death occurred, on the date stated above, at 10:25 a.m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis & nephritis

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 - - - - -

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: None
 DID AN OPERATION PRECEDE DEATH? No DATE OF None
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? P. E.
 (Signed) A. Jack-Bromley, M. D.
7/13, 1928 (Address) 1024 Apple St

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Penn. Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER Simon Walters

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

12. MAIDEN NAME OF MOTHER Barbara Kisenbach

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

14. INFORMANT Marie Auguste 2nd of Lulu J. J.
 (Address) 53rd & Highland Ave. Nauvoo Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Marys DATE OF BURIAL 3/14 1928

15. FILED 3-13 1928 Th. M. Cram REGISTRAR

20. UNDERTAKER Quirk & Robin Co ADDRESS Lin & Main

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.

