SEP 24 1928

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

Do not use this space.

26493

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, Noyes Hospital, — File No. — Registered No. 970 — St. — Ward)

2. FULL NAME Henry J. Walters,
(a) Residence. No. 9 1709 South 9th, St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Divorced,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna L. Walters,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1868

7. AGE: Years 60 — Months Unk. — Days Unk. — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Taylor County,
(STATE OR COUNTRY) Iowa,

PARENTS
10. NAME OF FATHER Nicholas Walters,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,
12. MAIDEN NAME OF MOTHER Katherine Groce,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Iowa,

14. INFORMANT A. Walters
(Address) Shenandoah, Iowa,

15. FILED AUG 11 1928 19 John G. Wyatt REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1928, to Aug 9, 1928 that I last saw him alive on Aug 9, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Edema
92 A
92 B
111 B (duration) yrs. mos. 6 hours

CONTRIBUTORY (SECONDARY) Aortic Insufficiency and Myocarditis-chronic (duration) yrs. mos. ds. Unknown

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Good
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Clarence A. Good, M.D.
Aug 11, 1928 (Address) St Joseph Mo

*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: City Cemetery,
DATE OF BURIAL: Aug. 12 1928.

20. UNDERTAKER: Heaton-Bigold Bowman by J. W. Harle
ADDRESS: 319 S. 10 St. Funeral Home

Jeffrey Hoagland
Director
Office of Intergovernmental Affairs
Department of Transportation
400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Jeffrey:

Thank you for your letter of June 10 concerning the Department's proposed rulemaking on the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

I appreciate your comments and will be sure to give them careful consideration when we prepare the final rule.

Sincerely,

Ivan C. Ackerman
Director
Office of Intergovernmental Affairs