

ACT 22 1920

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

Do not use this space
29750

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Towship _____ Primary Registration District No. 1001
City St. Joseph, (No. 2631 South 10th.) St. _____ Ward _____

File No. _____
Registered No. 1057

2. FULL NAME Rosa Belle Walston,
(a) Residence. No. 2631 So. 10th. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 7 ds. 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) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Algy Walston,
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6, 1868
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 3 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(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.

10. NAME OF FATHER Cyrus Swett,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Vermont,
12. MAIDEN NAME OF MOTHER Rebecca Morris,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Illinois,

14. INFORMANT Mrs. J. A. Swett
(Address) 2631 South 10th Street,

15. SEP 8 1920 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3 19 20
17. I HEREBY CERTIFY That I attended deceased from Sept 3, 1920, to Sept 3, 1920, that I last saw him Sept 3, 1920, alive on Sept 3, 1920, and that death occurred, on the date stated above, at 10:53 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
93C
118 (90B)
(duration) 4 yrs. mos. ds.
CONTRIBUTORY Pulmonary edema
(SECONDARY)
(duration) yrs. mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Buchanan

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) P. R. McMill M. D.
9/4, 1920 (Address) 208 Kirkpatrick Bldg. 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 Athelston, Missouri, DATE OF BURIAL Sept. 8 19 20

20. UNDERTAKER Heaton-Belgole-Brown ADDRESS 319 S. 10 St.
628 26 St. Joseph

RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

