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

Do not use this space.

30404

File No. [illegible]
Registered No. [illegible]

1. PLACE OF DEATH
County Jackson — Registration District No.
Township Grand — Primary Registration District No.
City K.C. Mo. (No. St. Mary's Hospital St. Ward)

2. FULL NAME Mabel Eva Walrath

(a) Residence. No. Chilhowee Mo St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | Wht | married |

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND or~~ (OR) WIFE OF Geo F. Walrath

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 19-1891

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37 | 0 | 13 | |

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)
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER H. C. Reynolds
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Sarah George
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) unknown

14. INFORMANT Geo. F. Walrath
(Address) Chilhowee Mo.

15. FILED 9/3 1928 M. M. Crowe
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 2 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-15-28, 19..., to 9-2, 19..., that I last saw h. alive on 9-2, 19..., and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Embolism
1 yr
1 mo
1 wk (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) General Peritonitis Ruptured appendix
Retention of stomach 11 months (duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8-15-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? operation & [illegible]
(Signed) T. D. Fowler, M. D
9 3, 19... (Address) 4400 Gillham Rd.

*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 | DATE OF BURIAL |
|---|---|
| Chilhowee Mo | 9-3 1928 |
| 20. UNDERTAKER | ADDRESS |
| Stine-McClure | K.C. Mo. |

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.