

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

Do not use this space.

43691

JAN 28 1929

1. PLACE OF DEATH

County Scotland
Towship Hannover
City (No., St., Ward

Registration District No. 809
Primary Registration District No. 6054

File No.
Registered No.
St. Ward

2. FULL NAME

Barbara Walters

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

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? 45 yrs. mos. ds.

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

Henry Walters

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

Jan 8 - 1845

7. AGE

YEARS	MONTHS	DAYS	IF LESS than I day, hrs. or min.
<u>83</u>	<u>11</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife
(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)

Germany

10. NAME OF FATHER

Dora Klopfer

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

Germany

12. MAIDEN NAME OF MOTHER

Dora Klopfer

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

Germany

14. INFORMANT (Address)

Chas Klopfer
Gorin, Mo.

15. FILED

Jan 19 29 F. M. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14 - 1928

17. I HEREBY CERTIFY, That I attended deceased from July 5 - 1928, to Dec 14 - 1928
that I last saw her alive on Dec 13 - 1928, and that death occurred, on the date stated above, at 6 p - m.

THE CAUSE OF DEATHS WAS AS FOLLOWS:

Chronic atrophic gastritis
13!
1181 Self
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) chronic nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? analysis - ?
(Signed) Don Stone, M. D.

Dec 15, 1928 (Address) Gorin 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

Gorin Cemetery

DATE OF BURIAL

Dec 16 1928

20. UNDERTAKER

Yerby-Basket

ADDRESS

Gorin, 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.

