16
JAN 20 1929
2
8

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

Do not use this space.

39944

File No.
Registered No. 266

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township " " Primary Registration District No. 3009
City " (No. 602A Goodpaper St. 3 Ward)

2. FULL NAME William Henry Walters

(a) Residence. No. 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 - 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
61	4	24	

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER John Walters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rosie Halter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Emile Walters
(Address) Cape Girardeau MO

15. FILED 12/20 1929 WC Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1929

17. I HEREBY CERTIFY, That I attended deceased from 12/12, 1929, to 12/18, 1929 that I last saw him alive on 12/18, 1929 and that death occurred, on the date stated above, at 2:10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
BVA
97 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Geo Walker, M. D.
12/19 1929 (Address) Cape Girardeau 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	DATE OF BURIAL
Fairmount Cemetery	Dec 20 1929
20. UNDERTAKER	ADDRESS
Lorberg F & N Co	Cape Girardeau 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.