

AUG 20 1930

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

Do not use this space.

22074

1. PLACE OF DEATH

County **Butler**

Registration District No. **89**

Township **Poplar Bluff**

Primary Registration District No. **3007**

City **Poplar Bluff**

File No.

Registered No. **136**

St. Ward)

2. FULL NAME

Alma Pearl Walton

(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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **September 7, 1929**

7. AGE

0

YEARS

10

MONTHS

16

DAYS

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **infant**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Quilin**

(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Charles Walton**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ash hill Twp.**

(STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Ethel Rush**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Duncan County**

(STATE OR COUNTRY) **Missouri**

14. INFORMANT **Charles Walton**

(Address) **Quilin, Missouri**

15. FILED **7/24 1930** **Dr. B. J. ...** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 23** 19**30**

17. I HEREBY CERTIFY, That I attended deceased from **7/21/30** to **7/23/30**, 19**30**, and that I last saw **her** alive on **7/22/30**, 19**30**, and that death occurred, on the date stated above, at **7:45** P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

meningitis (simple)
79A

(duration) yrs. mos. **3** ds.

CONTRIBUTOR (SECONDARY) **suppurating of left ear**

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED **Quilin**
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **by cert**
(Signed) **Dr. B. J. ...** M. D.

(Address) **Poplar Bluff 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

Quilin Cemetery

DATE OF BURIAL

July 26 19**30**

20. UNDERTAKER

A. W. Greer, Poplar Bluff, Missouri

ADDRESS

WHITE PAPER, 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.

196

196

196