SEP 22 1930

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

Do not use this space.

25996

File No. 71
Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 86
Township: Buchanan — Primary Registration District No. 5127
City: ~~Industrial City~~ No. 2 Mi. No. of St. Joseph, St. Ward)

2. FULL NAME Daniel Walter

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 13, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	19	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

PARENTS
10. NAME OF FATHER: Casper Walter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

14. INFORMANT: Mrs. Mary Walter
(Address): St. Joseph, Mo. R.F.D.

15. FILED Aug 4, 19 30 — REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): ~~Aug~~, Aug. 2, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from once on 7/12/30, 19, to, 19, that I last saw him alive on, 19, and that death occurred, on the date stated above, at 8.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Chronic nephritis
1.31
930 (duration) 2+ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 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? Physical Examination
(Signed) [illegible], M.D.
Aug 4, 19 30 (Address) 301 [illegible]

*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: Ashland Cemetery — DATE OF BURIAL: Aug. 4, 19 30

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

WRITE PLAINLY, 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.