

OCT 29 1930

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

Do not use this space.

30321

1. PLACE OF DEATH

County Johnson
Township Warrensburg,
City Warrensburg, (No., St. Ward)

Registration District No. 431
Primary Registration District No. 3023

File No.

Registered No.

2. FULL NAME Ellen Nancy W alters

(a) Residence. No. 208 McGoodwin, St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov, 3, 1953

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 10 23

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) Indiana,

10. NAME OF FATHER W. R. Bird
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana.
12. MAIDEN NAME OF MOTHER Flanay An Lunsford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana,

14. INFORMANT C. D. Walters
(Address) Warrensburg, Mo

15. FILED Sept 26 30 J. M. Waterson REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 26, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sep 19, 1930, to Sep 26, 1930 that I last saw h. alive on Sep 25, 1930, and that death occurred, on the date stated above, at 12.05 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia result of chronic nephritis
131

132B (duration) yrs. mos. da.
Paralysis right side
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

129 W
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical
(Signed) J. M. Waterson, M. D.

226 (Address) Warrensburg 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 Sunset Hill Cem DATE OF BURIAL 9/27/30¹⁹

20. UNDERTAKER S. R. Sweeney, Warrensburg. ADDRESS

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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

