NOV 21 1930

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

Do not use this space.

32399

1. PLACE OF DEATH

County: Clay — Registration District No.: 198 — File No.:

Township: Fishing river — Primary Registration District No.: 5277a — Registered No.: 106

City: (No. ..... St. ..... Ward)

2. FULL NAME Jessie Waters

(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: male

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: Allie Waters

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 20 1882

7. AGE: Years 48 — Months 6 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(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): Missouri

PARENTS

10. NAME OF FATHER: Thomas Waters

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

12. MAIDEN NAME OF MOTHER: Martha Rowland

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

14. INFORMANT: Edna Waters (Address) Excelsior Springs

15. FILED 10/25, 1930 — Y.D. Craven, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Oct 24, 1930 that I last saw him alive on Oct 24, 1930, and that death occurred, on the date stated above, at 6 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hypernephroma Right Kidney

51A (duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mayo Clinic

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John F. Grace, M.D.

Oct 25, 1930 (Address) Excelsior Springs 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: Enon — DATE OF BURIAL: Oct 26 1930

20. UNDERTAKER: Herbert Hope — ADDRESS: Excelsior Springs, 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.