32701-a

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

32701 a

JAN 19 1931

1. PLACE OF DEATH
County Harrison — Registration District No. 10121 — File No.
Township Butler — Primary Registration District No. 5440 — Registered No. 1
City (No. St. Ward)

2. FULL NAME Mary Catharine 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Thomas Frank Walton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-10-1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
85	8	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(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) Do not know.

PARENTS
10. NAME OF FATHER Stephen O Bryant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know
12. MAIDEN NAME OF MOTHER Elizabeth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know

14. INFORMANT Loren Blessing
(Address) Bethany Mo.

15. FILED Dec 24 1930 Mrs Woodson Reed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-16-1930

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sudden Death, did not see her before death. Probably heart (Valvular) disease
92 P (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J G Wilson, M. D.
Oct 10, 1930 (Address) New Hampton 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 Miriam Cemetery — DATE OF BURIAL 10-18 1930

20. UNDERTAKER S. M. Haas — ADDRESS Bethany Mo

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.