

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

Do not use this space.

28206

1. PLACE OF DEATH

County Jackson

Registration District No. 380

Township Kaw

Primary Registration District No. 8000

City Kansas City

(No. St. Mary's Hospital)

File No. 222

Registered No. 222

2. FULL NAME

Charles H. Walter

(a) Residence, No. 4229 Greenwood r/ Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1931
22. I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to Aug 1, 1931
I last saw him alive on Aug 1, 1931 Death is said to have occurred on the date stated above, at 5:08 P.M.
The principal cause of death and related causes of importance were as follows:

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mrs. Martha M. Walter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 11 19

Hypertrophy of Prostate
Cystitis
Pyelitis
Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lathing Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME John Walter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

15. MAIDEN NAME Eliza Blisney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT Mrs. Martha M. Walter (ADDRESS) 4229 Greenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE August 4, 1931

19. UNDERTAKER W. Newcomer (ADDRESS) 3111 East 9th St

20. FILED 83 19 31 M. M. Crowe Registrar

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Edward G. Helman M.D. (Address) 1316 Professional Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. Richard S. Tolman
1316 Orestromonic Alley
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