

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 303
 Township Kaw Primary Registration District No. 202
 City Kansas City (No. H. C. General Hosp.) St. _____ Ward _____

31471

File No. 3969
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Wm Henry Walter
 (a) Residence, No. Napoleon Mo. Ward Napoleon, Mo.
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56. 11 9 days

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

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) Mo.

13. NAME Geo. Walter

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

15. MAIDEN NAME Maime Stoner

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

17. INFORMANT August Walter
 (ADDRESS) Wellington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington, Mo. DATE Sept 29, 1931

19. UNDERTAKER (ADDRESS) W. W. Abert
Central Avenue, Mo.

20. FILED 9-27-31 M. M. Cerowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26-1931

22. I HEREBY CERTIFY That I attended deceased from _____
Deputy Coroner, 19____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

accidental automobile Date of onset _____
traumatism, closed Mo.

210 M

Other contributory causes of importance: _____

Name of operation Recompression Date of 9/26/31

What test confirmed diagnosis? Autopsy as 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 9/26, 1931

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 fract skull

Nature of injury Automobile accident

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Stanley M. Hall, M. D.

(Address) Deputy Coroner

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 399
 Township..... Primary Registration District No. 1002
 City St. Louis (No.) St. Ward)

2. FULL NAME

Wm. Henry 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OF RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S.
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 9

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 9/27 1931 M. M. Grove Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/26, 1931

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Accidental auto
traumatism

Other contributory causes of importance:
Addressa morosa

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

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), M. D.

(Address)

SUPPLEMENTARY

IS A PERMANENT REC

and state should be stated EXACTLY. PHYSICIAN should be stated EXACTLY. Exact statement of OCCUPATION should be stated EXACTLY. Exact statement of OCCUPATION should be stated EXACTLY. Exact statement of OCCUPATION should be stated EXACTLY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-31471