

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

Do not use this space.

43105

File No. 48  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

1. PLACE OF DEATH  
County Shelby Registration District No. 830  
Township Shelby Primary Registration District No. 4303  
City Shelby No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Ralph B. 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 1 yrs. 2 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 4 2

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Scotland Co mo

FATHER  
13. NAME Charley Walton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER  
15. MAIDEN NAME Jane Claw  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. R. B. Walton  
(ADDRESS) Shelby mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE IOOF DATE Dec 31 1931

19. UNDERTAKER E. Jones  
(ADDRESS) Shelby

20. FILED Jan 1932 W. Madelpeck  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1931, to Dec 29 1931.  
I last saw h. M. alive on Dec 29 1931. Death is said to have occurred on the date stated above, at 1:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis of Lungs  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Weak heart

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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? no  
If so, specify \_\_\_\_\_  
(Signed) R. L. Caldwell, M. D. O.  
(Address) Shelby, 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.

WRITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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