

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.

MAR 25 1932

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

Do not use this space.

7152

1. PLACE OF DEATH
 County Wagon Registration District No. 975
 Township Wagon Primary Registration District No. 3039
 City Waxada (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Fannie V. Walter
 (a) Residence, No. 342 W. Washington St. _____ Ward 2
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. 5 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

File No. _____
 Registered No. 49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Sam. Walter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 69 00 21
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Beaver Creek, Mo.
 13. NAME J. M. Poase
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. West, Mo.
 15. MAIDEN NAME C. Leuchman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.
 17. INFORMANT (ADDRESS) Geo. Walter
230 East Atlantic
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Auburn, Mo. 2-21-32
 19. UNDERTAKER (ADDRESS) John E. Myers
321 N. Washington
 20. FILED 3-4- 1932 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1932
 22. I HEREBY CERTIFY that I attended deceased from _____ to _____
 I last saw her alive on Feb. 18, 1932 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:
Primary carcinoma of breast Date of onset 1930
50
92 A
50
 Other contributory cause of importance:
Valvular disease of the heart ?
 Name of operation None 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 _____, 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) E. R. King, M. D.
 (Address) Waxada, Mo.

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