

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

Do not use this space.

38776

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 130
 Township Welch Primary Registration District No. 57.5
 City _____ St. _____ Ward _____
 2. FULL NAME Walter William Nothdurft
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28 - 1911
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
21 5 23
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Farmer NA job
 (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) Cape Girardeau, Mo
 10. NAME OF FATHER Wm. Nothdurft
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo
 12. MAIDEN NAME OF MOTHER Wm. Elizabeth Nothdurft
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo

14. INFORMANT Wm. Nothdurft
 (Address) 1111 1/2 St. Cape Girardeau, Mo

15. FILED 12/22/32 J. M. Slayle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1932
 17. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932, to Dec. 21, 1932 that I last saw him alive on Dec. 21, 1932, and that death occurred, on the date stated above, at 12:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subacute bacterial meningitis
 (duration) yrs. mos. ds. 14
 CONTRIBUTORY (SECONDARY) or pneumonia
 (duration) yrs. mos. ds. 12

18. WHEN WAS DISEASE CONTRACTED at place of death
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
 (Signed) J. M. Slayle, M. D.
 , 1932 (Address) Whitewater

*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 DATE OF BURIAL
Christy Cemetery Dec. 23, 1932
 20. UNDERTAKER ADDRESS
McCombs Jackson, 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.

JAN 22 1933

PARENTS

