

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

Do not use this space.

901

1. PLACE OF DEATH

County Linn
Township Boles
City City (No. 1)

Registration District No. 293
Primary Registration District No. 4177

File No. 3
Registered No. 3 St. Ward

2. FULL NAME

(a) Residence, No. James Edgar Walling St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. ds. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Witchata Kaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15-1931
7. AGE YEARS 1 MONTHS 3 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 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) Witchata Kaus 11. Total time (years) spent in this occupation Witchata Kaus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Witchata Kaus

MOTHER 13. NAME Marrin Walling

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

15. MAIDEN NAME Jessie Cooley

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

17. INFORMANT Marrin Walling (ADDRESS) Witchata Kaus

18. BURIAL, CREMATION, OR REMOVAL PLACE Witchata Kaus DATE Jan 17 1933

19. UNDERTAKER J. A. Thacker (ADDRESS) Witchata Kaus

20. FILED Jan 13 1933 Witchata Kaus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1933

22. I HEREBY CERTIFY that I attended deceased from Jan 3 1933 to Jan 12 1933

I last saw him alive on Jan 12 1933 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Brachycephalus
1933
1933

Other contributory causes of importance:

Name of operation Witchata Kaus Date of Witchata Kaus

What test confirmed diagnosis? Witchata Kaus Was there an autopsy? Witchata Kaus

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

Where did injury occur? Witchata Kaus (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Witchata Kaus

Nature of injury Witchata Kaus

24. Was disease or injury in any way related to occupation of deceased? Witchata Kaus

If so, specify Witchata Kaus

(Signed) Witchata Kaus, M. D.

(Address) Witchata Kaus

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin
Township Pacific
City Pacific (No. _____)

Registration District No. 293
Primary Registration District No. 4177

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>2</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15 - 1931</u>		
7. AGE	YEARS	MONTHS DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	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 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Jan - 14 1933 Hel M. Hel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 - 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____, to _____, 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: _____
Date of onset _____

Other contributory causes of importance: _____

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

Broncho pneumonia
Bronchitis

1070

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

106+5