

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

Do not use this space.

6267

1. PLACE OF DEATH

County Monroe
Township North
City North City (No. 1)

Registration District No. 444
Primary Registration District No. 4262

File No. 2
Registered No. 2
St. Mo. Ward)

2. FULL NAME

(a) Residence. No. 1001 St. W. Ward 6
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-8-1868

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
64 9 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brown Point Ind.
(STATE OR COUNTRY)

10. NAME OF FATHER W. M. Walters

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brown Point Ind.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brown Point Ind.
(STATE OR COUNTRY)

14. INFORMANT Mrs. R. E. Conner
(Address) North City

15. FILED Feb 9 1933 J. R. Northcutt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1931 to Feb 8 1933, that I last saw him alive on Feb 8 1933, and that death occurred, on the date stated above, at 6:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Regurgitation due to Rheumatoid Arthritis
57A
92A (duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 92A (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Walter McReynolds, M. D.

Feb 9 1933 (Address) North City Mo

*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

Joseph Harris

20. UNDERTAKER A. G. Seigler

DATE OF BURIAL

Feb 12 1933

ADDRESS North City

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.

WHILE PLACED WITH UNFADING INK—THIS IS A PERMANENT RECORD

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 03-09-2001 BY 60322 UCBAW