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

Do not use this space.

15911

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No.: 175 — File No.:
Township: — Primary Registration District No.: 2009 — Registered No.: 123
City: — (No.: St Francis Hospital St. — Ward)

2. FULL NAME: Gilbert J Walters
(a) Residence, No.: ~~Perryville Mo~~ St., Ward. Perryville, Mo (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. 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~~ Eloise Chopfins
Walters
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31-1895

7. AGE: Years 37 — Months 9 — Days 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
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): Sept - 1935
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perryville Mo

FATHER
13. NAME: Phillip Walter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Anna Richter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Co Mo

17. INFORMANT (ADDRESS): J. B. Kuber

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Hope cem DATE: May 26, 1933

19. UNDERTAKER (ADDRESS): Young & Faulkner, Perryville Mo

20. FILED: 5/25, 1933 W Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1-33, 1933, to 5/23, 1933
I last saw him alive on 5/22, 1933. 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
Tuberculosis Meningitis	
2304	
2118	

Other contributory causes of importance:
Pulmonary Tuberculosis

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) [illegible] M. D.
(Address) Cape Girardeau 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 PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

JUN 20 1933