

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. 23029
 Township Blue Primary Registration District No. 3019 Registered No. 215
 City Clarksburg (No. Independence Sanitarium) Ward

2. FULL NAME

John Walf
 (a) Residence No. 10th & Clarkmont St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 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 M. 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-14-1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 2 5

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Boiler maker

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) Mo

FATHER 13. NAME Geo. M. Walf

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Julia Cornie

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Elsie Walf
R. C. No. R. #6.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 7-22-33

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster
918 Franklin St.

20. FILED 7-21, 1933 F. L. Cook Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-33

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1933, to 7-20, 1933

I last saw him alive on 7-19, 1933 Death in said to have occurred on the date stated above, at 8:30 p.m.

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

Appendicitis
abscess
1210
1730

Date of onset 7-10-33

Other contributory causes of importance: hypertension
Chol. alcoholism
Emphysema

Name of operation Appendectomy Date of 7-14-33

What test confirmed diagnosis? Sp Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? no (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) George R. Pelt, M. D.
 (Address) 6027 W. Union Rel. Bldg. 4

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.

Dr. Rolk Maynard
Ind. 3086

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