

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

Do not use this space.

MAR 24 1934

6252

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township St. Francois Primary Registration District No. 8465
City Flat River (No. _____) St. _____ Ward _____

File No. 57
Registered No. _____

2. FULL NAME

(a) Residence, No. Elmer C. Walton Ward _____
(Usual place of abode) Flat River mo (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Lizzie Dalton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27th 1895
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 38 6 0

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. Miner at St. Joe Mo
10. Date deceased last worked at this occupation (month and year) Present 34 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mine damoile mo

13. NAME John Walton

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

15. MAIDEN NAME Maggie Woneck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Lizzie Walton
(ADDRESS) Flat River mo

18. BURIAL, CREMATION, OR REMOVAL Ward Cemetery DATE 3-1 1934

19. UNDERTAKER Ed Swell
(ADDRESS) Flat River mo

20. FILED 3-1 1934 C. B. Harrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1934 to Feb 27 1934
I last saw him alive on Feb 27 1934. Death is said to have occurred on the date stated above, at 4 P. m.

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

Pulmonary embolus arising from right side of heart. Date of onset _____

Other contributory causes of importance 11/12

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam 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 _____, 1934

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) C. H. Appleberry, M. D.

(Address) Flat River mo

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.

WHEN FEMAL, WITH UPWARD INK--THIS IS A PERMANENT RECORD

16

34

