R 25 1934

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.

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

Do not use this space.

8733

45 1. PLACE OF DEATH
County Howard, Registration District No. 378 File No.
Township Primary Registration District No. 4222 Registered No. 16
City Fayette, (No. , St. Ward)

2 4 2. FULL NAME Elizabeth Grim Walters,

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/2/1843

7. AGE 90 YEARS MONTHS 9 DAYS # If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ohio

FATHER
13. NAME George Grim
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER
15. MAIDEN NAME Sarah Homes.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Minnie Walters, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary DATE 3/5/34, 19

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette Mo.

20. FILED 3/5, 1934 T. L. Bonham
V. Heerne Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2/1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933, to March 2, 1934
I last saw her alive on 3-1, 1934 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:

Angina Pectoris — Date of onset
Other contributory causes of importance:
Chr. Myocarditis
Senility

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) C W Schumacher, M. D.
(Address) Fayette Mo