OCT 12 1934

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

Do not use this space.

30358

File No. 306

Registered No. 668

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Primary Registration District No. 3077
City Sedalia (No. 261 E. Saline St. Ward)

2. FULL NAME William W. Walton

(a) Residence, No. 261 E. Saline St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

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) Ill

FATHER

13. NAME Walton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER

15. MAIDEN NAME Do Not Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

17. INFORMANT (ADDRESS) J. H. Weed 261 E. Saline

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Sept 1 - 1934

19. UNDERTAKER McLaughlin Bros
(ADDRESS) Sedalia

20. FILED Sept 1, 1934 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 - 1934 to ....., 19.....

I last saw h... alive on Aug 31 - 1934 Death is said to have occurred on the date stated above, at 6:20 p. m.

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

	Date of onset
Cerebral Hemorrhage	
8 days	
97	

Other contributory causes of importance Arterio Sclerosis

Name of operation ..... 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? .....

If so, specify .....

(Signed) O. L. Swarts, M. D.

(Address) Sedalia

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 UNFADING INK. THIS IS A PERMANENT RECORD

[illegible]

[illegible]

[illegible]

[illegible] ٣٤ [illegible]

[illegible]

[illegible]

[illegible]

[illegible]