

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

Do not use this space.

41935

JAN 14 1935

1. PLACE OF DEATH

County Benton
Township Fristoe
City..... (No..... St..... Ward.....)

Registration District No. 64
Primary Registration District No. 5700

File No.....
Registered No. 15

2. FULL NAME

James H. Walthall

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally Walthall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27-1873

7. AGE YEARS 61 MONTHS 7 DAYS 1 IF LESS than 1 day, hrs. or min.

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

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) Dec 20 1934 11. Total time (years) spent in this occupation. life

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

13. NAME Jno R. Walthall

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

15. MAIDEN NAME Mary J Hanna

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

17. INFORMANT Charlie Walthall (ADDRESS) Warsaw Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw Mo DATE Dec 29 1934

19. UNDERTAKER Em White (ADDRESS) Warsaw Mo

20. FILED 12/28 1934 M. C. Watson Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1934, to Dec 28 1934

I last saw h. (m.) alive on Dec 27 1934 Death is said to have occurred on the date stated above, at 2 1/2 m.

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

Cerebral Hemorrhage Date of onset 12/25/34

Other contributory causes of importance: Ch. Infr. Nephritis Atherosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) James P. Logan, M. D.

(Address) Warsaw 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.

