

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

Do not use this space.

JAN 1 8 1935

**1. PLACE OF DEATH -**

County Lilingston Registration District No. 512  
 Township Marionville Primary Registration District No. 5679  
 City Atica (No. .... St. .... Ward)

File No. 43607  
 Registered No. 20

**2. FULL NAME**

Robert Raymond Walby

(a) Residence, No. .... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-17-34

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... 10 ... min.
—	—	—	—	—

OCCUPATION

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. ....

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) Atica Mo

FATHER

13. NAME George Walby

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

MOTHER

15. MAIDEN NAME Dorothy Sanders

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

17. INFORMANT George Walby (ADDRESS) Atica Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Atica Mo DATE Dec-18-1934

19. UNDERTAKER Jan D Gordon (ADDRESS) Lehittsville Mo

20. FILED 2/18 1934 Anna K Caputo Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-18-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-17 1934, to Dec-18, 1934  
 I last saw him alive on Dec-18, 1924 Death is said to have occurred on the date stated above, at 12:05 PM

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

Unknown  
Pneumonia (8 mos)  
Heart failure  
 159  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cholesterol 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) A. W. Caputo, M. D.  
 (Address) Atica 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.

