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.

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

MAR 23 1935

Do not use this space.

4956

1. PLACE OF DEATH
County: Franklin
Township: Lyon
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 300
Primary Registration District No. 5417

File No. .....
Registered No. 3

2. FULL NAME: Walter Dans
(a) Residence, No. RFD New Haven St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Amelia Dans.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15 1889

7. AGE: YEARS 45 | MONTHS 7 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): .....
11. Total time (years) spent in this occupation: .....

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

FATHER
13. NAME: Wm Dans.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leslie Mo

MOTHER
15. MAIDEN NAME: Anna Reynnot.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leslie Mo

17. INFORMANT (ADDRESS): Aug Dans Leslie Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Leslie McClent DATE Feb 25 1935

19. UNDERTAKER (ADDRESS): Emil H Sequine Beaufort Mo.

20. FILED 3/26 1935 G. L. Weatherwax Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 22 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 4:00 p.m.

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

	Date of onset
Accidental death by drowning in a deep spring.	
183	1835

Other contributory causes of importance:

Partial Paralysis of left leg possibly lost his balance & fell into spring.	July 1933

Name of operation: none 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? accident 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? yes
If so, specify merely to look at the condition of spring
(Signed) E. L. Worthington Coroner, M. D.
(Address) Labadie Mo.