JUN 21 1935

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

Do not use this space.

16341

File No.

Registered No. 170

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township — Primary Registration District No. 3019
City Independence (No. , St. Ward)

2. FULL NAME Fred C Waters
(a) Residence, No. 329 E Walnut 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna C Waters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21-1857

7. AGE: YEARS 77 | MONTHS 6 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Eden Iowa

FATHER
13. NAME Samuel Waters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watertown N. York

MOTHER
15. MAIDEN NAME Hannah E Walton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Champlain N. Y.

17. INFORMANT Mrs. W. T. Dutton
(ADDRESS) 403 E Walnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lee Summit DATE May 28 1935

19. UNDERTAKER Ott + Mitchell
(ADDRESS) Independence Mo.

20. FILED 5-28-1935 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935, to May 26, 1935
I last saw him alive on May 20, 1935. 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:

	Date of onset
Valvular Heart Disease	1930
Other contributory causes of importance:	
Hypertrophy of Prostate	
cystitis	1932

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? ✓ 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) J. C. Hickerson, M. D.
(Address) Independence 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.