

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

Do not use this space.

JUL 22 1935

19704

2342

**1. PLACE OF DEATH**

County Jackson Registration District No. 23  
 Township Town Primary Registration District No. 1  
 City Kansas City (No. 1405, Indiana) St. Ind. Ward     

File No.       
 Registered No.     

**2. FULL NAME**

Margaret Annette Walton

(a) Residence, No. 1405 Indiana 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7 - 1935</u>		
7. AGE	YEARS	MONTHS
<u>    </u>	<u>    </u>	<u>    </u>
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.
<u>child</u>		<u>child</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>    </u>		<u>    </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K.C. Mo.</u>		
13. NAME <u>Carrie Walton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Okla.</u>		
15. MAIDEN NAME <u>Ernestine Groover</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Carrie Walton</u> (ADDRESS) <u>1405 Indiana</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>June 8</u> , 19 <u>35</u>		
19. UNDERTAKER <u>Rose + Henderson</u> (ADDRESS) <u>157 Jackson</u>		
20. FILED <u>678</u> , 19 <u>35</u> <u>M. M. Crook</u> <u>    </u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1935

22. I HEREBY CERTIFY, that I attended deceased from June 7, 1935, to June 7, 1935.  
 I last saw her alive on June 7, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Premature birth -  
32 weeks gestation  
4th partum hemorrhage  
partial separation of placenta

Other contributory causes of importance:  
    

Name of operation      Date of       
 What test confirmed diagnosis?      Was there an autopsy?     

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) John D. Dotte, M. D.  
 (Address) 3921 E. 30

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.

1935 80

