CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

JUL 24 1935

Do not use this space.

20365

**1. PLACE OF DEATH**

County Marion — Registration District No. 547 — File No.

Township ~~Marion~~ — Primary Registration District No. 3029 — Registered No. 178

City Hannibal (No. Levering Hospital St. 6 Ward)

**2. FULL NAME** Amelia Herring Waltz

(a) Residence. No. Lindell ave St. 5 Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Lot Alexander C. Waltz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 1859

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 76 | 1 | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER David Arnold Herring

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Catherine Ball

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mr. James Herring
(Address) Hannibal Mo.

15. FILED June 14, 1935 R. W. Ishsta Deputy REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1935

17. I HEREBY CERTIFY, That I attended deceased from May 16, 19.. to Jul 13, 1935 that I last saw her alive on Jul 13, 1935, and that death occurred, on the date stated above, at 5 35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancinoma Stomach

About One Year (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Don't Know
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Don't Know
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) J. A. Chilton M. D.
, 19 (Address) Hannibal

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| St Louis Mo. | 19 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| James O'Donnell | Hannibal Mo |