

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.

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

Do not use this space.

FEB 24 1936

40800

1. PLACE OF DEATH

County St. Francois Registration District No. 772
Township St. Francois Primary Registration District No. 4463
City Elvins (No. _____) St. _____ Ward _____

File No. 277
Registered No. _____

2. FULL NAME

Jacob H. Walters
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31/35

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Walter

22. I HEREBY CERTIFY, that I attended deceased from Dec. 29th, 1935, to Dec 31st, 1935.
I last saw him alive on Dec 30th, 1935. Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 6th 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 7

Paralysis from cerebral hemorrhage.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1920
10. Date deceased last worked at this occupation (month and year) _____
i. Total time (years) spent in this occupation _____

Other contributory causes of importance: Bronchitis pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson co Mo.

Date of onset 12-28-35

FATHER 13. NAME Jacob Walters

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

15. MAIDEN NAME unknown

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

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

17. INFORMANT Fred Walters
(ADDRESS) Elvins Mo

18. BURIAL, CREMATION OR REMOVAL parkview cemetery DATE 1-2 1936

19. UNDERTAKER Caldwell Bros
(ADDRESS) 7 East River mo

20. FILED 2-6- 1936 610 Farrar
Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Edgar G. Whiteside, M. D.
(Address) Elvins Mo

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township E. Lewis
City E. Lewis (No., St., Ward)

Registration District No. 772
Primary Registration District No. 4463

File No.
Registered No.

2. FULL NAME

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

Jacob H. Haltner

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 Catherine Haltner

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

7. AGE YEARS 81 MONTHS 8 DAYS 7 If LESS than 1 day, A. hrs. or B. min.

8. Trade, profession, or particular kind of work done, as splaner, 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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 2-6-36 B. B. Farrar MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

Last seen alive on, 19..... 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

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) E. Edgar E. Whiteside M. D.

(Address) E. Lewis, 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.

SUPPLEMENTAL

S-40800