APR 20 1936

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

Do not use this space.

11167

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township Jackson — Primary Registration District No. 5563 — Registered No.
City (No. Carthage R# 4 St. Ward)

2. FULL NAME Charles Henry Walz
(a) Residence, No. Carthage R# 4 St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 36 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Frances Butts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9-1859

7. AGE: YEARS 76 — MONTHS 5 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Telegraph
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator
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) Maysville Ky.

FATHER
13. NAME Geo. Walz.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. C. H. Walz. Carthage Mo R# 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park DATE Mar 29 1936

19. UNDERTAKER (ADDRESS) Ulmer Carthage Mo.

20. FILED Mar 29, 1936 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/8-36, 1936 to Mar 27, 1936
I last saw him alive on Mar 26, 1936 Death is said to have occurred on the date stated above, at 1:27 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr nephritis (interstitial)	1935
Other contributory causes of importance: arthritis acute, ~~[illegible]~~	Mar 20 1936

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

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)
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) H A LaFarel, M. D.
(Address) Carthage 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.

JUN 18 1951