

MAY 15 1936

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

Do not use this space.

13923

1. PLACE OF DEATH

 County ANDREW
 Township Jefferson
 City Jefferson (No. R.R. 3)

 Registration District No. 13
 Primary Registration District No. 5017

 File No.
 Registered No.
 St. Ward)
2. FULL NAME MRS. CELIA WALTER
 (a) Residence, No. R.R. #3 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)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX FEMALE 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 ED. WALTER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 28, 1863
 7. AGE YEARS 72 MONTHS 3 DAYS 6 If LESS than 1 day, hrs. or min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

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) ANDREW COUNTY (STATE OR COUNTRY) MO.

 13. NAME S. R. COUCH

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

 15. MAIDEN NAME RACHEL ANN GUMM

 16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) OHIO

 17. INFORMANT MR. ED. WALTER (ADDRESS) R.R. # 3

 18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRVIEW CEMETERY DATE APRIL 6TH, 1936

 19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS) 1946 CALHOUN

 20. FILED April 5, 1936 Mrs. A. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 4 TH, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Mar - 26 - 1936 to Apr - 4 - 1936
 I last saw her alive on Apr - 3 - 1936 Death is said to have occurred on the date stated above, at 12:05 P.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Right Side
Date of onset MAR-25

Other contributory causes of importance:

 Name of operation None Date of
 What test confirmed diagnosis? 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) T. R. Bourdon, M. D.(Address) H. P. A. ...

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