

MAY 21 1936

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

15667 Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Helena Primary Registration District No. 2002
City Joplin (No. 1832 Harlem) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Calvin H. Walters

(a) Residence, No. 1832 Harlem St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Walters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 11 4

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

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) Georgia

13. NAME Walters

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Fred Walters, Son (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem. Joplin, Mo. DATE 4-22-36

19. UNDERTAKER Laurie Mortuary (ADDRESS) _____

20. FILED 4-21-36 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from about March 19, 1936 to April 20, 1936

I last saw him alive on April 1, 1936 Death is said

to have occurred on the date stated above, at 5 A. M.

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

General decompensation arising from carcinoma right leg

Other contributory causes of importance: 53

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

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 no history
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. H. Walters, M. D.
(Address) Joplin, 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.

