

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 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Christian
Township Porter
City Nixa Mo (No. _____)

Registration District No. 183
Primary Registration District No. 14109

File No. 18866
Registered No. 10

2. FULL NAME

John Walton
(a) Residence, No. Nixa Mo 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvia Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 1

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

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) Mo

13. NAME W. M. Walton

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

15. MAIDEN NAME Elizabeth Spoon

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

17. INFORMANT (ADDRESS) Hem Walton
Elmer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmer DATE May 30 1936

19. UNDERTAKER (ADDRESS) J. W. Maples
Elmer Mo

20. FILED June 13 1936 Ida B. Hubbard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 29 1936

22. I, HEREBY CERTIFY, That I attended deceased from Feb 3 1926 to May 29 1936
I last saw him alive on May 29 1936 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Coronary thrombosis (arteriosclerosis)
Date of onset Jan 26

Other contributory causes of importance

Name of operation Physem 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? _____ 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) M. B. Kussner M. D.
(Address) Nixa Mo

