

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

Do not use this space.

35434

OCT 21 1936

1. PLACE OF DEATH

County St. Gen.
Township Jackson
City (No.) (No.) (Ward)

Registration District No. 780
Primary Registration District No. 6028

File No.
Registered No. 53
St. Ward)

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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Ella Paillet</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3 - 1892</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>3</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 Sept, 1936

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

I last saw him alive on, 19

Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Product of Fall
Accidentally killed
instantly by sheep gun
in his own home
wound on left side
below heart

Other contributory causes of importance:

Name of operation

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept. 12, 1936
Where did injury occur? At own home Ste. Genevieve Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
in own home
Manner of injury Shot from wound
Nature of injury below heart

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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ste. Genevieve County</u>
	13. NAME <u>Casper Walz</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Elizabeth Whiteside</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ste. Genevieve Co.</u>
17. INFORMANT <u>Mrs. Mary Walz</u> (ADDRESS) <u>Blairville, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cornland</u> DATE <u>Sept. 14, 1936</u>	
19. UNDERTAKER <u>Geo. C. Basler</u> (ADDRESS) <u>Ste. Genevieve, Mo.</u>	
20. FILED <u>Sept 15, 1936 T. W. Douglas</u> Registrar.	

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.

