FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No. 4705
Township ~~Cedar~~ — Primary Registration District No. 3039 — Registered No. 29
City Nevada (No. ..., 2 St. ... Ward)

2. FULL NAME Walter Lee Freeman
(a) Residence, No. 311 St. Allison St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 - 1922
7. AGE YEARS 15 MONTHS 0 DAYS 2 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Walker, Missouri

FATHER
13. NAME ~~Helen~~ Ira T H Freeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tiffin Mo.

MOTHER
15. MAIDEN NAME Helen Irene Porter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walker Mo.

17. INFORMANT (ADDRESS) T H Freeman 311 St Allison, Nevada, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Vernon Cemetery DATE Jan 31 1937
19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo.
20. FILED 2-1- 1937 M Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 - 1937
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:
Ruptured Appendix — Date of onset
No Doctor in Charge
Other contributory causes of importance:
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?
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 ... Not any
Nature of injury ... M. D.
24. Was disease or injury in any way related to occupation of deceased?
If so, specify ... 4 P.D.
(Signed) M E Ferry Coroner, M. D.
(Address) Nevada 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.