

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bates Registration District No. 49
 Township Westpoint Primary Registration District No. 5073
 City Amsterdam, Mo. St. _____ Ward _____

File No. 4931

Registered No. _____

St. _____ Ward _____

2. FULL NAME James Walters

(a) Residence, No. _____ 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 2

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) Swain County, N.C.

13. NAME John Walters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Ellen Walters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT Mrs. Katie Walters
 (ADDRESS) Hinsford #10 1710

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Westpoint DATE 2-14 1937

19. UNDERTAKER Ascher & Mangold
 (ADDRESS) High Falls #10 Mo

20. FILED 2/27 1937 Grace L. Smiser
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 15, 1936, to Feb 12, 1937I last saw him alive on Feb 12, 1937. Death is saidto have occurred on the date stated above, at 11 P. m.

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

uremia of bowels (Date of onset)

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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.

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