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.

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County BUCHANAN — Registration District No. 85 — File No. 5718
Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 422
City ST. JOSEPH, (No. MISSOURI METHODIST HOSPITAL St. Ward)

2. FULL NAME ROY WALTERS
(a) Residence, No. 505 W. 6TH ST. KANSAS CITY, 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 UNK 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: HUSBAND OF DOROTHY,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DECEMBER 24, 1899

7. AGE: YEARS 37 — MONTHS 3 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COMMERCIAL PHOTOGRAPHER
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) APRIL 3, 1937
11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BLAIN CO. OKLAHOMA

FATHER
13. NAME: HENRY C. WALTERS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BRAIDSTOWN, ILLINOIS

MOTHER
15. MAIDEN NAME: HANNAH SCHAFFER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MARION, KANSAS

17. INFORMANT (ADDRESS): MRS. ROY WALTERS McMAN, OKLA.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SHATTUCK OKLA. DATE April 6, 1937

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 4-6 1937 H. J. Nestlaus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): APRIL 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from VIEWED 4/4, 1937, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:00 P.M.
The principal cause of death and related causes of importance were as follows:

Internal injuries received when the car in which he was riding collided with another car on high way no 71-5 miles so St Joseph

Date of onset 4/4 '37

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/4, 1937
Where did injury occur? Buchanan Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury auto
Nature of injury internal injuries

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. W. Tadlock Coroner, M. D.
(Address) St Joseph Mo