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 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. 35 — File No. 19474
Township — Primary Registration District No. 1001 — Registered No. 565
City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Walters James Andrew Walters
(a) Residence, No. 120 W. Lake Boulevard 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. Life 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1934

7. AGE: YEARS 2 — MONTHS 10 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Charlington Moers

FATHER
13. NAME Charles A Walters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

MOTHER
15. MAIDEN NAME Goldie E Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Mo.

17. INFORMANT (ADDRESS) Charles A. Walters St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cem DATE May 13 1937

19. UNDERTAKER (ADDRESS) Berry-Wyle 218 So 10

20. FILED May 13, 1937 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/2, 1937, to 5/10, 1937
I last saw him alive on 5/10/37, 1937. Death is said to have occurred on the date stated above, at 9.45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tbc meningitis or Encephalitis, epidemic	

Other contributory causes of importance: 16

Name of operation Spinal puncture Date of 5/4/37
What test confirmed diagnosis? autopsy 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) H. C. Petersen, M. D.
(Address) 706 Francis