

OCT 15 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County of Bollinger  
 Township Wayne  
 City Gipsy, Mo. (No. \_\_\_\_\_)

Registration District No. 69  
 Primary Registration District No. 5108

File No. 33614Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Rural St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 6 mos. 22 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

Single

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 25, 1886

## 7. AGE

YEARS

51

MONTHS

5

DAYS

22

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

## 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.

Farm

## 10. Date deceased last worked at this occupation (month and year)

Nov 1936

## 11. Total time (years) spent in this occupation

11 yrs.

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Zalma, Mo.

## FATHER

## 13. NAME

Henry Walters

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Jackson, Mo.

## MOTHER

## 15. MAIDEN NAME

Francis Elizabeth Laster

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Zalma, Mo.

## 17. INFORMANT (ADDRESS)

Robert Lee Walters Gipsy, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Berrong Cemetery DATE July 18, 1937

## 19. UNDERTAKER (ADDRESS)

Clayton S. Morgan Zalma, Mo.

## 20. FILED

Oct 3, 1937Mrs. J. A. Berry

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1937

22. I HEREBY CERTIFY That I attended deceased from

January 22, 1937, to July 12, 1937

Last saw him live on January 22, 1937. Death is said to have occurred on the date stated above at 7:30 P. M.

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

Chronic Myocarditis Date of onset July 1, 1937

Other contributory causes of importance:

93C

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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_

(Signed) D. R. A. Smith M. D. C.  
 (Address) P. O. Box #62 - Zalma, 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.

80