OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Howell
Township
City West Plains (No. , St. Ward)
Registration District No. 384
Primary Registration District No. 4227
File No. 34375
Registered No.

2. FULL NAME Martin Walt II
(a) Residence, No. 310 E. Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 39 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~~ Elizabeth Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1870

7. AGE: YEARS 66 MONTHS 11 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Memphis, Tenn.

FATHER
13. NAME Martin Walt I
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort, OHIO.

MOTHER
15. MAIDEN NAME Mary E. Trask.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) Mrs. Eliz. Cox Walt West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL OAKLAWN CEM.
PLACE West Plains, Mo. DATE Sept. 18, 1937

19. UNDERTAKER (ADDRESS) Hal Thornburgh West Plains, Mo.

20. FILED 9-18 1937 Vida N Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Sept 17, 1937
I last saw him alive on Sept 17, 1937 Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of heart - Mitral	1900
Other contributory causes of importance:	
Ch. Nephritis	1925

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) P. D. Green, M. D.
(Address) West Plains, 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.