

REC'D APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship 1stCity J. C. 2ndRegistration District No. 399Primary Registration District No. 4808 Montzall(No. 4808 Montzall)File No. 9539Registered No. 1004

St.

Ward)

2. FULL NAME Thomas J. Walton 435(a) Residence, No. 4808 Montzall St.,

(Usual place of abode)

Ward.

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margelia Walton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27 - 1858</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>10</u>	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Banker</u>			
	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) <u>Ohio</u>				
MOTHER	13. NAME <u>Frank Walton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>			
	15. MAIDEN NAME <u>Sarah Waldman</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>				
17. INFORMANT <u>Mrs. E. C. Bendue</u> (ADDRESS) <u>4808 Montzall</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hills</u> DATE <u>March 4 1938</u>				
19. UNDERTAKER <u>Roscoe Henderson</u> (ADDRESS) <u>J. C. 2nd</u>				
20. FILED <u>Mar 3 1938</u> <u>M. M. Croome</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 3 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 26 1938</u> to <u>Mar 2 1938</u> I last saw him alive on <u>Mar 2 1938</u> . Death is said to have occurred on the date stated above, at <u>2 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>arteriosclerosis</u> <u>Pharynx ruptured</u> <u>senility</u> Date of onset <u>131</u>
Other contributory causes of importance: <u>Renal Decubiti</u>
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify (Signed) <u>Gerard Jones</u> , M. D. (Address) <u>807 1/2 Paul</u>

WRITE PAINFULLY, 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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29/7/2

(11)

(12)

(13)

(14)

(15)

(16)

(17)

(18)