

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.

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

Do not use this space.

REC'D APR 18 1938

1. PLACE OF DEATH

County Caldwell,
Township Devis,
City Braymer, (No. _____)

Registration District No. 93
Primary Registration District No. 4055

File No. 10288
Registered No. 7
St. _____ Ward _____

2. FULL NAME Helen Leta Walch, 420

(a) Residence, No. _____ St. 1st., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female, 4. COLOR OR RACE White, 5. SINGLE, Single, (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.-7th-1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Work in Hospital,
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, day, and year) Mar. 20-1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina, Missouri,

13. NAME Edward C. Walch,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines, Iowa.

15. MAIDEN NAME Ora Ellen,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina, Mo.

17. INFORMANT (ADDRESS) Edward J. Walch Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cemetery, - mch 29, 38

19. UNDERTAKER (ADDRESS) E. P. Michael Braymer, Mo.

20. FILED mch 29, 1938 H. H. Peterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1938

22. I HEREBY CERTIFY That I attended deceased from Mar 16, 1938 to Mar 27, 1938.

I last saw her alive on Mar 27, 1938 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:

Lobar Pneumonia
Bilateral
Left Lung
Right Lung
Other contributory causes of importance _____

Date of onset
3/23/38
3/24/38

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) E. L. Woolsey, M. D.
(Address) Braymer, Mo.

11-1
L-11-7161
L-11-8661