

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

2
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Flour
Township Bear Creek
City Montrose (No.)Registration District No. 352
Primary Registration District No. 5494File No. 10897
Registered No.
St. Ward

2. FULL NAME

Katherine Walbert 416(a) Residence, No. Montrose, Mo. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flour Walbert Dr.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 18817. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 8 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 612. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merheim Germany13. NAME Antonia Hilde14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merheim Germany15. MAIDEN NAME Theresa Schults16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merheim Germany17. INFORMANT (ADDRESS) Ben J. Walbert18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose Mo. DATE 3/5 1938

19. UNDERTAKER (ADDRESS)

20. FILED 19 38 Registrar. 316

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 193822. I HEREBY CERTIFY, That I attended deceased from Dec 1938 to March 3 1938I last saw h. alive on March 1, 1938. Death is said to have occurred on the date stated above, at 9:40 a.m. P.M.

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

Myocarditis (Ch.) Date of onsetSenilityOther contributory causes of importance: Anger of st. heart Dec.

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?

If so, specify

(Signed) Joseph B. ... M. D.(Address) Appleton City, Mo

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.

93C

MAY 25 1956

RECEIVED

FEDERAL BUREAU OF INVESTIGATION

U.S. DEPARTMENT OF JUSTICE

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10897
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 352
 (b) Township Bear Green Primary Registration District No. 5494 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 59 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine Walbert
 (a) Residence, No. Montrose mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1887

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>69</u>	<u>8</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Merheim Germany

FATHER
 13. NAME Antone Hake
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merheim Germany

MOTHER
 15. MAIDEN NAME Shesera Seltzer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merheim Germany

17. INFORMANT (ADDRESS) Ben J. Walbert

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose mo DATE 3/6 - 1938

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1937 to March 3, 1938
 I last saw h. er alive on March 1, 1938. Death is said to have occurred on the date stated above, at 9:40 a.m.
 The principal cause of death and related causes of importance were as follows:
myocarditis (ch)
Senility
hypertension of st heel (traffice)

Other contributory causes of importance: _____

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? _____
 If so, specify. Joseph B. Ozell, M. D.
 (Signed) Appleton City mo
 (Address)

