

REC'D JUL 15 1938

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

Do not use this space.

22078

1. PLACE OF DEATH

County Jackson
Township Windsor
City Grandview Mo.

Registration District No. 404
Primary Registration District No. 5558

File No. _____
Registered No. 49
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. L. Walters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
56 6 14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Crown Co Kansas (STATE OR COUNTRY)

13. NAME Ernest O La Croix

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

15. MAIDEN NAME Mary Renaud

16. BIRTHPLACE (CITY OR TOWN) Perry Co Mo (STATE OR COUNTRY)

17. INFORMANT Mary Elizabeth Walters (ADDRESS) Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Heawatha, Kans. DATE 6/11 1938

19. UNDERTAKER E. K. George & Sons (ADDRESS) Grandview Mo.

20. FILED 7-9 1938 Mrs J. J. Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to June 10, 1938. I last saw her alive on June 10, 1938. Death is said to have occurred on the date stated above, at 7 p. m.

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

Pulmonary tuberculosis Date of onset _____

Other contributory causes of importance: Myocarditis toxic ?

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 _____, 1938

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) [Signature]

(Address) Grandview Mo

