

REC'D MAR 20 1939

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

7083
Do not use this space.

1. PLACE OF DEATH
(a) County Lin Registration District No. 502
(b) Township 1 Primary Registration District No. 4305
(c) City Marceline (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Jesse May Walters
(a) Residence, No. Marceline 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Walters
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1888
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
50 6 29
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Moberly Mo.
FATHER 13. NAME John Tomlinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
MOTHER 15. MAIDEN NAME don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know
17. INFORMANT (ADDRESS) James Walters
Marceline Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE MO Olivet DATE Feb. 3 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jas McLaughlin
Marceline Mo.
20. FILED 2-3 1939 Oliver L Barrett
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug, 1928, to Jan 31, 1939.
I last saw h. E.R. alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:
Infectious of Heart
Essential Hypertension
Date of onset 1936
Other contributory causes of importance: 24
Name of operation _____ Date of _____
What test confirmed diagnosis? Ch 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) G. B. Putman, M. D.
March (Address) _____

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-325

Date Filed MAR 14 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Blanche M. Faughley, or by

Registered Apprentice No., working under my personal supervision.

Signed

Blanche M. Faughley

Licensed Embalmer No. 1909

P. O. Address

Marceline M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.