

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

Do not use this space.

FILED MAY 12 1942

13500

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township North East Precinct Registration District No. 100
 City Kansas City, Mo. St. Mo. Ward Adrain, Missouri

2. FULL NAME Mr. Jonathan Hays Walter

(a) Residence, No. 100 St. Adrain Ward Adrain, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Wife of Nancy Jane Walter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1858

7. AGE YEARS 83 MONTHS 9 DYS 13 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Carrier

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) Don't know

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. C. C. Holman 2321 Ashland St. Kansas City, Mo.

18. BURIAL OR CREMATION REMOVAL PLACE Mount Hill DATE 4-28-42

19. UNDERTAKER (ADDRESS) W. Seath & Son 1001 Adams St. Kansas City, Mo.

20. FILED Apr 26 1942 H. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1942 to April 25, 1942

I last saw him alive on April 25, 1942 Death is said to have occurred on the date stated above, at 6.40 P.M.

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

Uremia Date of onset

Other contributory causes of importance: Bladder retention, due to prostatic hypertrophy

Name of operation Suprapubic cystotomy Date of 4, 24, 42

What test confirmed diagnosis? Clin. Lab 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.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify (Signed) Dr. Frank E. Day M. D. (Address) 4316 E 9th St. K.C. Mo

WRITE PLAINLY, 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.

JUN 10 1942