

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

Do not use this space.

23467-B

File No. 1932  
Registered No. 11

**1. PLACE OF DEATH**

68 County Monticau  
Township Saline  
City Mary Elizabeth Walters (No. ....) St. .... Ward)

Registration District No. 574  
Primary Registration District No. 3792A

**2. FULL NAME**

(a) Residence. No. Mary Elizabeth Walters 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  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OR Lewis Walters  
7. DATE OF BIRTH (MONTH, DAY AND YEAR) march 17-1884  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
48 3 28  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife 235  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER John Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Aggie Goest

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Lewis Walters  
(Address) California, Mo.

15. July 16 1932 Ellis E. Kike  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-15 1932

17. I HEREBY CERTIFY That I attended deceased from 7-15 1932 to 7-15 1932 that I last saw her alive on 7-14 1932 and that death occurred, on the date stated above, at 2:4 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cervicous Strach.  
46 B (duration) yrs. mos. ds. unknown

CONTRIBUTORY (SECONDARY)..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 0  
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) A. L. Meredith M. D.  
7-16 1932 (Address) Prairie Home Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Monticau Ev Cem. DATE OF BURIAL 7-16 1932

20. UNDERTAKER Albert Hornbeck Prairie Home Mo  
ADDRESS

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.

23467-B

1830

