

MAR 25 1930

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

Do not use this space.

4432

## 1. PLACE OF DEATH

County Cole  
Township Marion  
City Neuler (No.         )

Registration District No. 211  
Primary Registration District No. 5291

File No.           
Registered No. 6  
St.          Ward)         

## 2. FULL NAME

Alfred Walter  
(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.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 27-1923

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

61117

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Cole Co

## 10. NAME OF FATHER

Ferd Walter

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Netherlands

## 12. MAIDEN NAME OF MOTHER

Emma Waldman

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Monte Carlo

## 14.

INFORMANT (Address)

Ferd Walter  
Neuler Mo

## 15.

FILED

3-8-30  
Dr. P. Hutson  
REGISTRAR

## 3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1930, to Feb 14, 1930, that I last saw him alive on Feb 14, 1930, and that death occurred, on the date stated above, at 8:30 A. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Intussusception  
eq Peritonitis  
12:30 B  
12:59 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) congenital spinal disease (duration) 6 yrs. 11 mos. 17 ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? usual(Signed) Wm J. Brien, M. D., 19 (Address) Centertown, 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

DATE OF BURIAL

Neuler Mo 3/16 1930

## 20. UNDERTAKER

ADDRESS

Wells & Friedman California

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.

