

SEP 10 1925

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

Do not use this space.

25953

1. PLACE OF DEATH

County

Cole, Marion

Registration District No.

211

File No.

Township

Primary Registration District No.

5291

Registered No.

28

City

(No.

Irene Walter

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

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

Female

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)

Apr 12 - 1913

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

3

22

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Cole Co

13. NAME

Ferdinand Walter

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

Butzeland

15. MAIDEN NAME

Euna Waldman

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Morgantown Co

17. INFORMANT
(ADDRESS)Ferdinand Walter
Centerton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Centerton

DATE

8/5 - 1925

19. UNDERTAKER
(ADDRESS)Walter & Frydman
California Mo

20. FILED

Aug 5 1925 H.T. Leach, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

8 - 5 - 1925

22. I HEREBY CERTIFY, That I attended deceased from

I did not attend deceased

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 3:45 P.M.

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

Inquestation disclosed
child that had been
normal hence death
A physician had not been
deceased for about 6 weeks

Date of onset

Other contributory causes of importance:

Indications are that
there was a severe heart
abnormality existing

Name of operation

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? I 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) Dr. R. E. Weaver, Centerton

(Address) Russellville Mo

115
511
10500