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 29 1931

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

Do not use this space.

20234

1. PLACE OF DEATH
County: Scotland
Township: Johnson
City: (No. ..... St. ..... Ward)
Registration District No.: 812
Primary Registration District No.: 6061
File No.:
Registered No.: 3

2. FULL NAME: Walter Fay Halton
(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Lizzie Halton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 8 - 1870

7. AGE: Years 61; Months; Days (5) 8; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Ill
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Chas Halton
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ill
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Mary E Yeager
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Virg.
(STATE OR COUNTRY)

14. INFORMANT: Lizzie Halton
(Address): Arbela Mo.

15. FILED: 5/16, 1931 — [signature] Baker Mo.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 13 1931

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1931, to May 13, 1931, that I last saw him alive on May 13, 1931, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Decompensation
PSB
(duration) ..... yrs. ..... mos. ..... ds.

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

956

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) H J Gilfillan, M. D
5/13, 1931 (Address) Central Iowa

*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: Mt Hamilton
DATE OF BURIAL: 5/14 1931

20. UNDERTAKER: E S Wellborn
ADDRESS: Central Iowa