

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

Do not use this space.

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs, Mo. Veterans Hospital

File No. 31757
Registered No. 198 125
St. 3rd Ward)

2. FULL NAME

OLDS, Walter A. Des Moines, Ia.

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 753 W. 17th St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 12 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 Grace L. Olds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 3 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 172

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

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME Chauncey Olds

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

MOTHER 15. MAIDEN NAME Katherine Shannon

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

17. INFORMANT Hospital records, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Moines Ia. DATE 10-10-32

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs Mo.

20. FILED 10-10 1932 Y. S. Cleaver
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1932 to Oct. 10, 1932

I last saw him alive on October 10, 1932 Death is said

to have occurred on the date stated above, at 10:10 am

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

Chronic nephritis parenchymatous

Other contributory causes of importance:

Myocarditis; hypertension

Name of operation none Date of _____

What test confirmed diagnosis? EXAM. & ODS 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so specify Garrett V Johnson
GARRETT V JOHNSON, M. D.
(Signed) Excelsior Springs, Mo.
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1932

