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

Do not use this space.

2411

FEB 27 1934

96 6 8

1. PLACE OF DEATH
County St. Louis — Registration District No. 786 — File No. 3
Township — Primary Registration District No. 4469 — Registered No.
City Maplewood (No. 7284, Richmond Pl. St. Ward)

2. FULL NAME Minnie F. Walters.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65	9	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 occupation

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

FATHER
13. NAME J. Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Ann Pape
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Arthur C. Walters (ADDRESS) 7254 Richmond Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE Streator Ill. DATE Jan 10 1934

19. UNDERTAKER Geo. M. Schymacher (ADDRESS) 4534 Natural Bridge

20. FILED Jan 8 1934 Pauline Breitenstein Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1934

22. I HEREBY CERTIFY That I attended deceased from Feb. 1 1933, to Jan 7 1934
I last saw h. alive on Jan 7 1934. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
46C	
102	
Carcinoma of Caecum	Feb 1 1933
Other contributory causes of importance:	
Arterial Hypertension	Feb 1 1933

Name of operation none Date of
What test confirmed diagnosis? Clin. & Lab. 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? no
If so, specify
(Signed) D M Gibson, M. D.
(Address) 4337 Washington Blvd

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.

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