

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

Do not use this space.

1. PLACE OF DEATH

County Daviss Registration District No. 250 File No. 19963
Township Gallatin Primary Registration District No. 4150 Registered No. 713
City Gallatin (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1854

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
79 11 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Black smith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " shop
10. Date deceased last worked at this occupation (month and year) Jan. 1922 11. Total time (years) spent in this occupation Life

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

FATHER 13. NAME Walton

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) A. B. Walton
Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE 6/21 - 1934

19. UNDERTAKER (ADDRESS) Hope Fuzz & undt B
Gallatin, Mo.

20. FILED 6-21-1934 H. E. Swadner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 19 - 1934

22. I HEREBY CERTIFY, That I ^{VIEWS} attended deceased ~~him~~ _____, 19____, to _____, 19____.

I last saw h. j. (N. A. or) on June 19 - 1934 Death is said to have occurred on the date stated above, at 9 A. m.

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

Strangulation
By hanging by neck
with wire
Date of onset _____
Other contributory causes of importance: None

Name of operation _____ Date of _____
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? suicide Date of injury 6/19, 1934

Where did injury occur? Gallatin, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
in Home

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) H. E. Swadner, Acting Coroner
(Address) Gallatin, Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 12 1934

