

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

Do not use this space.

23813

File No. 192
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME Geraldine Martha Walther

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November-15-1923
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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 7 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.
13. NAME George R. Walther
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.
15. MAIDEN NAME Hilda L. Linhardt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lohman, Missouri

17. INFORMANT George R. Walther
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE July-10-1934

19. UNDERTAKER W. J. Gordon
(ADDRESS) Jefferson City, Mo.

20. FILED 7/9/34 1934 Dr. J. S. Summers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9 1934
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to July 9, 1934.
I last saw her alive on 7/7, 1934. Death is said to have occurred on the date stated above, at 3 p.m.

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

Acute middle ear abscess followed by a mastoid operation then meningitis Cause meningitis
Other contributory causes of importance: _____
Date of onset _____

Name of operation Single Mastoid Date of June 24/34
What test confirmed diagnosis? W. J. O. P. Was there an autopsy? Yes

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 _____

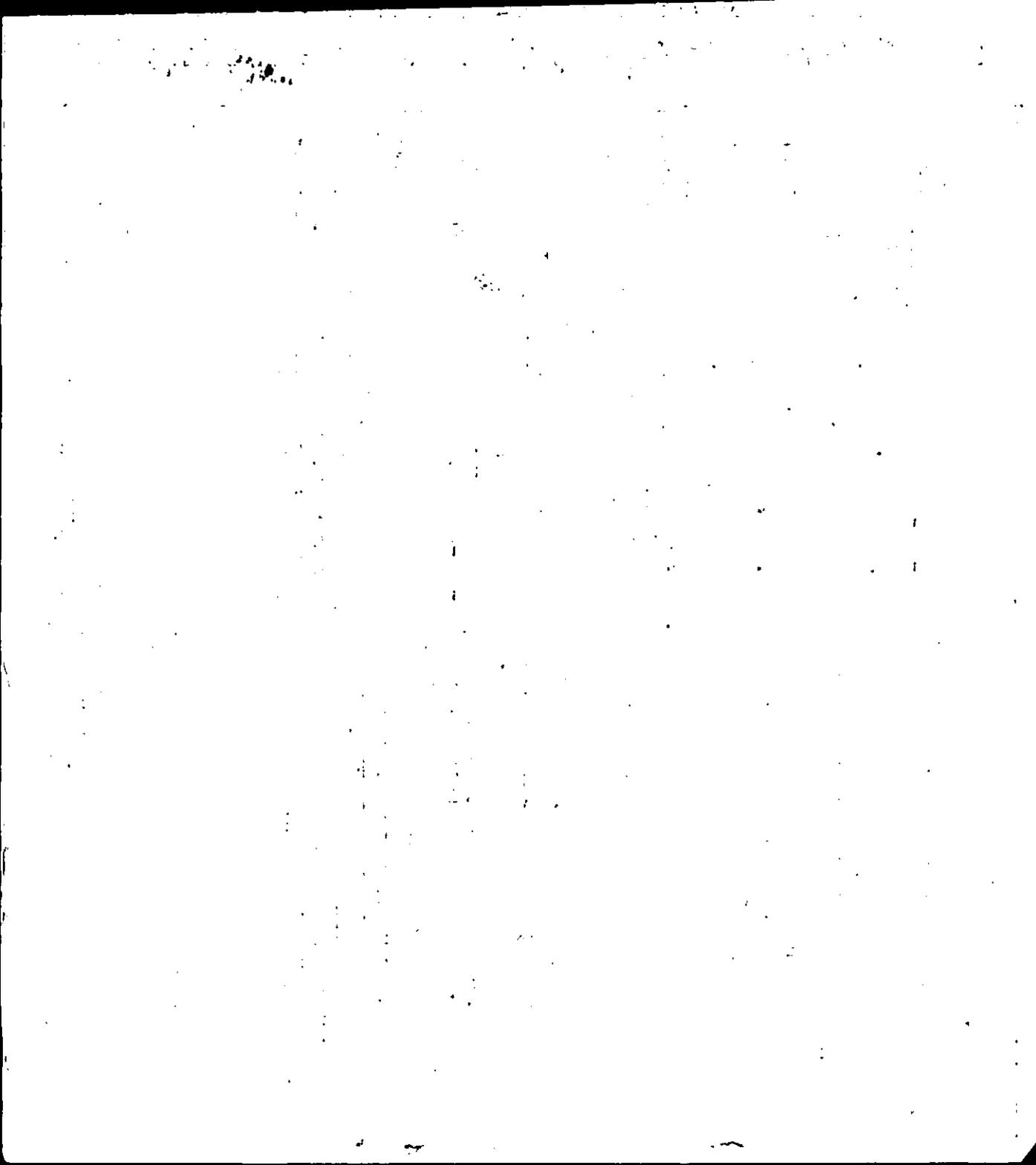
(Signed) J. S. Summers, M. D.
(Address) _____

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.

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

26
8
AUG 10 1934

Dr. Summers



#2 Cole.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

192

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Geraldine Martha Walther
Who died at _____ on 7-9-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 10 Months 7 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 8 Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: acute middle ear abscess, followed by mastoid operation, then meningitis (cause meningitis non-epidemic meningitis)

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar D. B. Johnson M.D. Date filed 7/9/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McLaugh, M.D.
K.

Special Agent.

Reg. Dist. No. 213

Primary Reg. Dist. No. 3014

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