

MAY 9 1935

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

Do not use this space.

1. PLACE OF DEATH
 28 County Clark Registration District No. 193 File No. 12251
 2 Township Des Moines Primary Registration District No. 4176 Registered No. _____
 1 City Wayland (No. _____) St. _____ Ward _____

2. FULL NAME Walter A. Soule
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mary La Chappelle
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7 1845
 7. AGE YEARS MONTHS DAYS 89 | 6 | 15 If LESS than 1 day, ____ hrs. or ____ min.
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1935
 17. I HEREBY CERTIFY, That I attended deceased from April 22, 1935 to April 22, 1935 that I last saw him alive on April 22, 1935 and that death occurred, on the date stated above, at 6:30 A. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
14 hrs. (duration) yrs. mos. da.
 CONTRIBUTORY old age (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)
 10. NAME OF FATHER Philander Soule
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary Athey
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)

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?
 (Signed) C. Johnson, M. D.
4/22, 1935 (Address) Wayland, Mo
 *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.

14. INFORMANT Mrs. Mary Soule (Address) Wayland, Mo.
 15. FILED 4/23 1935 H. P. Kircher REGISTRAR
By H. P. Kircher

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Crow Cemetery DATE OF BURIAL 4/24 1935
 20. UNDERTAKER H. P. Kircher ADDRESS Wayland

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.

