

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

Do not use this space.

OCT 21 1936

34225

1. PLACE OF DEATH

County Grundy  
Township Greentown  
City Wenton

Registration District No. 328  
Primary Registration District No. 3017

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1444 Chestnut St., 2 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. Walker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10 - 1845</u>				
7. AGE	YEARS <u>90</u>	MONTHS <u>11</u>	DAYS <u>22</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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 <u>4 1/2</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wenton Mo</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
MOTHER	15. MAIDEN NAME <u>Callier</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
17. INFORMANT (ADDRESS) <u>Mrs Robert Walker</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic</u> DATE <u>Sept 4 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Hemler Funeral Home 1444 Chestnut Wenton Mo</u>				
20. FILED <u>9-4 1936 Irene D. Fair</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 Sept 1936

22. I HEREBY CERTIFY, That I attended deceased from 14 June 1936, to 2 Sept 1936  
I last saw him alive on 2 Sept 1936. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
1862  
Date of onset chronic  
yr.

Other contributory causes of importance:  
Fracture of Femur  
Accidental fall on floor  
his home - 44 June 36

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? no Date of injury \_\_\_\_\_  
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) E. A. Sluffy, M. D.  
(Address) Wenton - Mo

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2

