

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.

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

Do not use this space.

DEC 5 1938

40206

1. PLACE OF DEATH

74 County St. Francois
Township St. Francois
City Bismarck

Registration District No. 771
Primary Registration District No. 446

File No. 40206
Registered No. _____
St. _____ Ward _____

2. FULL NAME

436 Eliza E. Walter

(a) Residence, No. _____ St. _____ Ward _____

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 94 Apr 11

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

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) Iron Mountain Missouri

13. NAME David Proffit

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Washington Co Mo

15. MAIDEN NAME Eliza Walter

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Washington Co Mo

17. INFORMANT (ADDRESS) Mrs. S. W. Cooley Bismarck Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bismarck DATE 11-28-1938

19. UNDERTAKER (ADDRESS) Wife & Skill Bismarck Mo

20. FILED Nov 27 1938 L. H. Galbreath Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-20-1938, to 11-26-1938

I last saw her alive on 11-26-1938 Death is said to have occurred on the date stated above, at 11A m.

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

arteric sclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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

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. W. Hoffmann, M. D.

(Address) Bismarck Mo 696

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION
OFFICE OF THE SECRETARY

MEMORANDUM FOR

THE SECRETARY

DATE

FROM

SUBJECT

[The body of the memorandum contains extremely faint and illegible text, likely due to the quality of the scan. It appears to be a standard memorandum format with fields for 'TO', 'FROM', 'SUBJECT', and a main body of text.]