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

REG'D MAR 8 1939

5877
Do not use this space.

1. PLACE OF DEATH
(a) County Boone
(b) Township or City Columbia
(c) Length of residence in city or town where death occurred yrs. mos. ds.
Registration District No. 73
Primary Registration District No. 3006
Registered No. 52
(d) Street No. Boone County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HARRY FRED WALTERS
(a) Residence, No. 701 Hickman Ave St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

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: Arletta Walters
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-16-1879
7. AGE: YEARS 59 | MONTHS 4 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as 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): Illinois

FATHER
13. NAME: Albert Walters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Margaret Glenn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs. H. F. Walters, 701 Hickman, Columbia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 3-6 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Parkers, Columbia Mo
20. FILED 3/6/1939 Allie Selby
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mch. 2, 1939, to Mch 4, 1939
I last saw him alive on Mch. 3, 1939. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Do not know	
5 1/2	

Other contributory causes of importance: Do not know of any

Name of operation: None Date of
What test confirmed diagnosis? Lab. 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, 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: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. D. Dyson, M. D.
(Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

APR 5 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, [redacted] .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed W. D. McKitrick

Licensed Embalmer No. 3893

P. O. Address Columbus, [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.