REC'D JUL 18 1939

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

Do not use this space.

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 21401
Township — Primary Registration District No. 3001 — Registered No. 158
City Kirksville (No. ..., ... St. ..... Ward)

2. FULL NAME Jacob Walters
(a) Residence, No. 406 E Randolph St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
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: Martha Ellen Walters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6, 1855

7. AGE: YEARS 84 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agriculture
10. Date deceased last worked at this occupation (month and year): 1925
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Owensburgh Ind. 1

FATHER
13. NAME: Aron Bradley ~~Wlaters~~ Walters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

MOTHER
15. MAIDEN NAME: Anne Bruce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. Lillie Gill, 406 E Randolph

18. BURIAL, CREMATION, OR REMOVAL
PLACE Linnville Cem. DATE 7/2/39, 19..

19. UNDERTAKER (ADDRESS): Davis Funeral Home, Kirksville, Mo.

20. FILED July 2, 1939 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1939, to July 1, 1939
I last saw him alive on July 1, 1939. Death is said to have occurred on the date stated above, at 8:15 am.
The principal cause of death and related causes of importance were as follows:

(Chronic) Myocardial Degeneration 93C

Date of onset

Other contributory causes of importance: Arteriosclerosis, Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? No

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) Roy M. Wolf, M. D.
(Address) Kirksville Mo

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.

JOM-10-22-38 I X9314

RECEIVED

District Health Officer No. 10

District File Number 7-39-1282

Date Filed JUL 13 1939