

Cause of death 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

1933 SEP 13 1933

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

Do not use this space.

30383

1. PLACE OF DEATH

County Stoddard

Registration District No. 838

File No. 30383

Township Waverly

Primary Registration District No. 4509

Registered No. _____

City Dexter Mo (No. _____)

St. _____ Ward _____

2. FULL NAME

Frank Waldon

(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. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>85</u>	<u>2</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Lansingville Ky

13. NAME Samuel Titus H. Walden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansingville Ky

15. MAIDEN NAME Carolina Ellen Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va

17. INFORMANT (ADDRESS) Butch Walden Jr
Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Mo DATE July 26 1933

19. UNDERTAKER (ADDRESS) Walter J
Dexter Mo

20. FILED _____ 19 _____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 24 - 1939

22. I HEREBY CERTIFY, That I attended deceased from July - 1 - 1939 to July 24 1939
 I last saw him alive on July 23 1939 Death is said to have occurred on the date stated above, at 5 P.M.

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

Chronic myocarditis

Other contributory causes of importance: Senility

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? 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____

(Signed) Frank Labaree, M. D.
Dexter Mo
 (Address) _____

RECEIVED

District Health Officer No. 2,

District File No. 989-200

Date Recd. 9-11

3

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30383

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 838
(b) Township Primary Registration District No. 4509 Registered No.
(c) City Dexter (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Walden

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24-1939

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

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1939 to 7-24-1939, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-26-1854

I last saw him alive on 7-24-1939, 1939. Death is said to have occurred on the date stated above, at 5 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 2 28

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

Chronic myocarditis Date of onset

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

Other contributory causes of importance: Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

FATHER 13. NAME Samuel T. G. Walden

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

MOTHER 15. MAIDEN NAME Cordelia Ellen Gayten

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Va.

17. INFORMANT (ADDRESS) Butch Walden
Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter, Mo. DATE 7-6-39

19. FUNERAL DIRECTOR (ADDRESS) Watkins
Dexter, Mo.

20. FILED 10/11, 1939 Jennie Burton
Local Registrar

Name of operation Date of

What best 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?

If so, specify Frank La Rue, M. D.

(Signed) Dexter mo

(Address) Dexter mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

www.ancestry.com may be properly classified. Exact statement of OCCUPATION is very important.

S-30383