

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.

MAR 15 1937

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

Do not use this space.

4909

1. PLACE OF DEATH
 County Barry Registration District No. 37
 Township Northham Primary Registration District No. 5053
 City Northham (No. 2) St. Ward

2. FULL NAME Joseph S. Walden
 (a) Residence, No. Northham St. no Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 4909
 Registered No.

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 Adeline Walden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>77</u>	<u>7</u>	<u>24</u>	

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9th, 19 36

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
 I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis - years
 Hypertensive Heart - years
 Other contributory causes of importance: Diabetes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Washburn

13. NAME Walden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hargens Co Iowa

15. MAIDEN NAME Neva Smalley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DTC

17. INFORMANT (ADDRESS) William Walden

18. BURIAL, CREMATION, OR REMOVAL PLACE New Washburn DATE 12/11 19 36

19. UNDERTAKER (ADDRESS) Home-Care

20. FILED 3/9 19 37 J. W. Bell Registrar

Name of operation Date of
 What test confirmed diagnosis? 12/1 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
 (Signed) W. J. Fox, M. D.
 (Address) Cassville, Mo.

