

50
 PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. 102
 2

31176-1 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space. 31176-7

1. PLACE OF DEATH
 County Jefferson Registration District No. 421
 Township..... Primary Registration District No. 4249
 City Festus (No.....) St. Ward)

File No.....
 Registered No. 100

2. FULL NAME Walter James Palmer
 (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 1 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 Mrs Clara Palmer
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 58 3 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work R. R. Conductor
 (b) General nature of industry, business, or establishment in which employed (or employer) Conductor Passenger Train
 (c) Name of employer Mississippi River & Bonne Terre

9. BIRTHPLACE (CITY OR TOWN) Blackwell
 (STATE OR COUNTRY) Washington County Mo.

PARENTS
 10. NAME OF FATHER James Palmer
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 12. MAIDEN NAME OF MOTHER R. Epperley
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs J E Wall
 (Address) St. Charles Mo.

15. FILED Sept 21 1929 J. E. Rutledge REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 20, 1929
 17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1929, to Sept 20, 1929 that I last saw h. live on Sept 20, 1929, and that death occurred, on the date stated above, at 7:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1B Coronary Thrombosis
1A and Angina Pectoris
 (duration) yrs. mos. 23 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) 5 yrs. + mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) John F. Rutledge, M. D.
9/21 1929 (Address) Crystal City, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonne Terre Mo DATE OF BURIAL Sept 23 1929

20. UNDERTAKER Quester & Vineyard ADDRESS Festus Mo.

