

23- 942

ORIGINAL

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS
STATE OF IOWA

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

1 PLACE OF DEATH
 County Clinton State Iowa Registered No. _____
 Township Liberty Sharon or Village _____
 City East Nelson No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Maurice Walpe
 (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 73 yrs. 10 mos. 27 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 Sarah M. Anderson

6 DATE OF BIRTH (month, day, and year) Mar 7-1854

7 AGE Years 73 Months 10 Days 27 If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (city or town) Clinton Co. (State or country)

10 NAME OF FATHER Patrick Walpe

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or Country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4 1928

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1927 to Jan. 4, 1928, that I last saw him alive on Dec. 27, 1927, and that death occurred, on the date stated above, at 9 a. m. THE CAUSE OF DEATH* was as follows:
Cerebral Apoplexy.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Saridity. (duration) 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? _____
 (Signed) T. T. Horsey, M. D.
1/10, 1928 (Address) East Nelson, Ia.

*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. (See reverse side for additional space.)

14 Informant John Walpe
 (Address) East Nelson Ia

15 Filed Jan 5, 1928 E. H. Balath Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Tarauto Ia DATE OF BURIAL Jan 7 1928

20 UNDERTAKER E. H. Balath ADDRESS East Nelson Ia