

SEP 24 1937

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

Do not use this space.

31577

## 1. PLACE OF DEATH

County Ray  
Township Crooked River  
City Harden (No. \_\_\_\_\_)

Registration District No. 740  
Primary Registration District No. 4442

File No. 19  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Ella Elizabeth Wall

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July - 6 1854</u>		
7. AGE	YEARS	MONTHS
	<u>83</u>	<u>1</u>
		DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>practical nurse</u>		
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) <u>Missouri</u>		
13. NAME <u>Pike Wall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Mary Dunckan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Bob Sumner Platte City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) DATE <u>St. Louis, Mo. Aug - 11 - 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Jno. W. Knipschild Harden, Mo.</u>		
20. FILED <u>Aug 11/27 1937</u> <u>R. H. Wilford</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 10 - 1937</u>
22. I HEREBY CERTIFY That I attended deceased from <u>6-22-37</u> to <u>Aug 6-37</u> I last saw her alive on <u>Aug 6</u> , 19 <u>37</u> Death is said to have occurred on the date stated above at <u>5 P.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> <u>Arterio Sclerosis</u> Other contributory causes of importance: <u>\$20!</u>
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Chin</u> Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify _____ (Signed) <u>E. B. Day</u> M. D. (Address) <u>Richmond, Mo.</u>

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.

