

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

Do not use this space.

24831

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond

Registration District No. 744
Primary Registration District No. 3035-

File No. _____
Registered No. 65
St. _____ Ward _____

2. FULL NAME John James Wall

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 10 1

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Macon Co Mo

PARENTS

10. NAME OF FATHER Van Wall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Margaret Patton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Boone Co Mo.

14. INFORMANT James P. Wall (Address) Richmond Mo.

15. FILED 7/10 1928 R. L. Hamilton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/7/28 1928

I HEREBY CERTIFY, That I attended deceased from June 20 1928, to Aug 7 1928, that I last saw her alive on Aug 7 1928, and that death occurred, on the date stated above, at 20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

La Grippe & Later
Pharyngitis last 4 days
11 H
108 (duration) yrs. mos. 17 ds.

CONTRIBUTORY (SECONDARY) La Grippe (duration) yrs. mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED UNKNOWN
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

19. WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) R. L. Hamilton, M. D.

7/10 1928 (Address) Richmond 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 Wall Cemetery DATE OF BURIAL 7/8/28 1928

20. UNDERTAKER J. P. Mausner ADDRESS Richmond Mo.

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.

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