

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

Do not use this space.

30641

69 PLACE OF DEATH
 County Ray Registration District No. 740
 Township Crooked River Primary Registration District No. 5975
 City (No. St. Ward)

File No. 17
 Registered No.

2. FULL NAME Laura Agnes Guer Wall
 (a) Residence, No. Morton St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 65 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Octavious Wall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 4

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

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) Jan 1931 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Pleasant Iowa

MOTHER FATHER 13. NAME Warner Haer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Nancy Bridges

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

17. INFORMANT Mrs O F Johnson
 (ADDRESS) Richmond Mo R #7

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lavelock DATE Sept 26 1933

19. UNDERTAKER Geo W Knipschild
 (ADDRESS) Hardin Mo

20. FILED Sept 19 1933 R. J. Wilbur
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1931, to Sept 18 1933.

I last saw her alive on Sept 18 1933. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Pernicious Anemia Date of onset 9/1-1933

Other contributory causes of importance:
nil

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.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Marion Brum, M. D.

(Address) Hardin, 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. Oct 20 1933

