

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

Do not use this space.

21590

**1. PLACE OF DEATH**

County Ray Registration District No. 744  
Township Rickwood Primary Registration District No. 3035  
City Rickwood (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 80

**2. FULL NAME**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Mr. Rex Elwood Wall

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1913  
7. AGE YEARS 20 MONTHS 6 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
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) Millville (STATE OR COUNTRY) Missouri

MOTHER 13. NAME James P. Wall

14. BIRTHPLACE (CITY OR TOWN) Ray County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mertie B. Bright

16. BIRTHPLACE (CITY OR TOWN) Ray County (STATE OR COUNTRY) Missouri

17. INFORMANT James P. Wall (ADDRESS) Rickwood Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE June 4, 1934

19. UNDERTAKER (ADDRESS) W. H. Greener  
Rickwood Missouri

20. FILED 8-19 1934 W. H. Greener Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1934  
22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934 to June 2, 1934  
I last saw him alive on June 2, 1934 Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:  
Typhoid fever Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Blood test Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) W. H. Greener M. D.  
(Address) Rickwood Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 15 1934

864

