

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

Do not use this space.

32749

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township _____ Primary Registration District No. 1001

City St. Joseph, Mo. (No. 112 Sebas.) _____ St. _____ Ward)

File No. _____
Registered No. 1138

2. FULL NAME

(a) Residence. No. 112 Sebas. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Male | White | Married

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

Anna Belle Walls

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 11, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 | 11 | 28

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) Livingston County
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER D. J. Walls

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Anna Belle Walls

(Address) 112 Sebas

15. FILED 11/19 1927 19 _____ John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 9, 1927

17. I HEREBY CERTIFY, That I attended deceased person on Nov 9, 1927, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 4:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myo. Cardites (Chronic)

129 A

CONTRIBUTORY (SECONDARY) Nephritis (Chronic)
(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? Yes

WHAT TEST CONFIRMED DIAGNOSIS. gross of body
(Signed) Dr. W. W. Corcoran, M. D.
11/11, 1927 (Address) St. Joseph, 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 DATE OF BURIAL

Memorial Park

Nov 11, 1927

20. UNDERTAKER

Eleman Funeral Home

ADDRESS 1208 Francis

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.

1928

