

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

Do not use this space.

34574

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 60339
 City Overland (No. Baltimore and Angela) St. _____ Ward _____

File No. _____
 Registered No. 282

2. FULL NAME Matilda Jane Walls

(a) Residence. No. Baltimore and Angela 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Female White Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert G. Walls

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 30-1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	82	1	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (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) Indiana

10. NAME OF FATHER Zedec Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Mary Nolan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) I don't know

14. INFORMANT Mrs. Albert G. Walls
 (Address) Baltimore and Angela

15. FILED 11/17 1927 Walla Tracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 19 27

17. I HEREBY CERTIFY That I attended deceased from Oct 27 1927 to Nov 3 1927 that I last saw him alive on Nov 3 1927, and that death occurred, on the date stated above, at 10:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. A Lobar Pneumonia
 (duration) _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) La Grippe
 (duration) _____ yrs. _____ mos. _____ da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) D. C. Cameron, M. D.

Nov 7 1927 (Address) 3870 Easton

*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

Valhalla Cem. Nov 7 1927

20. UNDERTAKER ADDRESS

Geo. L. Pleitsch 5966 Easton

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.

MISSOURI STATE BOARD OF HEALTH

RECORD

3870 Carlson

9 to 11