

N. B.—Every item of information 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.

*morley*

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

Do not use this space.

1. PLACE OF DEATH  
 County *Cedar* Registration District No. *668* File No. *24692*  
 Township *Sedalia* Primary Registration District No. *3032* Registered No. *212*  
 City *Sedalia* (No. ....) St. .... Ward) .....

2. FULL NAME *Louis Wallja*  
 (a) Residence. No. *822 S. Eng.* St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred *7* yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 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 *Husband of Mary Wallja*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug - 18 - 1872*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u><i>55</i></u>	<u><i>11</i></u>	<u><i>8</i></u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work  *Carpenter, 116 Englewood, 115th*  
 (b) General nature of industry, business, or establishment in which employed (or employer) *House building*  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Cooper Co Mo*  
 (STATE OR COUNTRY)

10. NAME OF FATHER *Emert Wallja*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*  
 (STATE OR COUNTRY)

14. INFORMANT *Blanche Wallja*  
 (Address) *Sedalia*

15. FILED *7-31-28* *J. S. Love*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 26 1928*

17. I HEREBY CERTIFY That I attended deceased from *May 24 1928* to *July 26 1928* that I last saw him alive on *July 26 1928* and that death occurred, on the date stated above, at *3:30 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Both infecting*  
*causing a Septicemia*  
 (duration) .... yrs. *2* mos. .... ds.  
 CONTRIBUTORY *Influenza*  
 (SECONDARY) (duration) .... yrs. *6* mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED? *110*  
 IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? .....

DATE OF .....

19. WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) *Frank K. Moley*, M. D.  
 (Address) *Sedalia 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 *Crown Hill* DATE OF BURIAL *July 28 1928*

20. UNDERTAKER *McLaughlin Bros.* ADDRESS *Sedalia, Mo.*

