

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

Do not use this space.

26596  
3192

1. PLACE OF DEATH U.S.V. Hosp.

County Jackson

Registration District No. 398

Township Kaw

Primary Registration District No. 1002

City Kansas City, Mo.

(No. U.S. Veterans Hospital)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME WALL, Roe

C-1 439 962 SPBW

(a) Residence. No. 346 N Lorraine

St. \_\_\_\_\_ Ward. Pvt. Co F 109th Am/ Tr.

(Usual place of abode) Wichita, Kansas.

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

White

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.

41

2

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wichita  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records.

(Address) U.S. Vet Hosp

15. FILED 8/2 19 30 M. McCreque  
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 2 1930

17. I HEREBY CERTIFY, That I attended deceased from February 26, 1930 to August 2, 1930 that I last saw him alive on August 2, 1930, and that death occurred, on the date stated above, at 1:45 A.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis, pulmonary, chronic advanced.

28A

CONTRIBUTORY (SECONDARY) Tuberculosis of larynx-ulcerative  
(according to history) (duration) 9 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Laboratory & X-ray

(Signed) W. E. Chambers, M.D.  
W. E. Chambers, Medical Officer in Charge  
U.S.V. Hospital, Kansas City, 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 Wichita, Kans DATE OF BURIAL 8/2 1930

20. UNDERTAKER Freeman Mort ADDRESS K.C., Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

