

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

Do not use this space.

25650

1. PLACE OF DEATH

County Mercer
Township Madison
City (No.) St. Ward

Registration District No. 554
Primary Registration District No. 5748

File No.
Registered No.

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.

Mary Alice Walls

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oliver Walls</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11 1869</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>4</u>	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER FATHER 13. NAME Wesley Edwards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Harriet Curtis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. Ind.

17. INFORMANT (ADDRESS) Oliver Walls Mill Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE July 25 1931

19. UNDERTAKER (ADDRESS) Chas E Schoeler Springfield Mo

20. FILED July 25 1931 E. C. Arnote Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1931

22. I HEREBY CERTIFY That I attended deceased from Mar 17 1931 to July 24 1931

I last saw her alive on July 24 1931. Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

Multiple Sarcoma of Right & Left Lung - & Vena - Carcinoma left axilla

Other contributory causes of importance: 11/7/31 53 R

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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? yes

If so, specify _____

(Signed) E. C. Arnote M. D. (Address) Mill Grove Mo

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.

APR 28 1931

