

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

8333

1. PLACE OF DEATH

County Monroe
 Township Blatchell
 City Grant City (No. 113)

Registration District No. 903
 Primary Registration District No. 4046

File No. 6
 Registered No. 6
 St. Mo. Ward 1

2. FULL NAME

Nancy Elizabeth Wall

(a) Residence, No. 113 St. Mo. Ward 1
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1859

7. AGE YEARS 74 MONTHS 1 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Jan 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Miss.

13. NAME John Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blount, Tenn.

15. MAIDEN NAME John Engle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Cler Waller (ADDRESS) Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison, Miss. DATE 3/2 1933

19. UNDERTAKER John C. Dumble (ADDRESS) Grant City, Mo.

20. FILED Feb 28 1933 John Chidress Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933 to Feb 28 1933

I last saw de alive on Feb 28 1933 Death is said to have occurred on the date stated above, at 11:00

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

Peritonitis Date of onset 1327

Other contributory causes of importance: Followed with Cancer

Name of operation no Date of —

What test confirmed diagnosis? Sap tests 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? —

If so, specify —

(Signed) R. H. Waller, M. D.

(Address) Grant City, Mo.

