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.

JUL 23 1933

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

Do not use this space.

20798

1. PLACE OF DEATH
County RANDOLPH
Township PRAIRIE
City ..... (No. ..... St. ..... Ward)
Registration District No. 736
Primary Registration District No. 5964
File No. .....
Registered No. 12

2. FULL NAME JOSEPH A. WALD
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 2 - 1879
7. AGE YEARS 53 MONTHS 10 DAYS 24. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RANCH
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OPERATOR
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RANDOLPH Co Mo.

FATHER
13. NAME PETER WALD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME BARBARA HOFFMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) MRS. JESSE SETTLE CLARK. MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE STURGEON MO. DATE JUNE 29, 1933
19. UNDERTAKER (ADDRESS) SNOW-LEAVERTON MOBERLY-MO
20. FILED June 28, 1933 J. E. Angell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 26, 1933
22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933, to June 26, 1933.
I last saw him alive on 6-26, 1933. Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	
94A 94A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No
If so, specify .....
(Signed) R A Woods, M. D.
(Address) Clark Mo