

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 26 1933

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

Do not use this space.

25441

1. PLACE OF DEATH
 County Warrick Registration District No. 875
 Township Warrick Primary Registration District No. 6169
 City Warrick (No. 1) St. Warrick Ward 1

2. FULL NAME Mary D. Wall
 (a) Residence, No. State Hospital #3 St. Warrick Ward 1
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know.

7. AGE 15 YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. Dont Know.

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

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) - 11. Total time (years) spent in this occupation -

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

FATHER
 13. NAME Collin McIntosh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT State Hospital #3
 (ADDRESS) Nevada, Mo

18. BURIAL, CREMATION OR REMOVAL Hospital Cemetary DATE July 22, 1933

19. UNDERTAKER Ferry Funeral Home
 (ADDRESS) Nevada, Mo

20. FILED 8-3-33 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to July 21, 1933.
 I last saw her alive on July 21, 1933. Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
107A
97
107A
7/1/33
 Date of onset

Other contributory causes of importance:
arteriosclerosis

Name of operation - Date of -
 What test confirmed diagnosis? clinical 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? no
 If so, specify -
 (Signed) H. S. King, M. D.
 (Address) State Hospital #3

