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

Do not use this space.

34126

1. PLACE OF DEATH
County Pulaski — Registration District No. 716 — File No.
Township Tarsen — Primary Registration District No. 5945 — Registered No. 19
City (No. , St. Ward)

2. FULL NAME Floyd Wall
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Wall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22 1873

7. AGE: YEARS 60 — MONTHS 9 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: On Farm
10. Date deceased last worked at this occupation (month and year): Oct 28 1933
11. Total time (years) spent in this occupation: always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

FATHER
13. NAME: James Wall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Mildred James
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Sarah Wall, Iberia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Curry Chapel — DATE: Oct 30, 1933

19. UNDERTAKER (ADDRESS): Casey and Adams, Iberia Mo.

20. FILED: Oct 30, 1933 — W. J. Hill, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at Between 12 and 4 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Hanging	10/29/33
165	
165	

Other contributory causes of importance:

Name of operation: none — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide — Date of injury 10/29, 1933
Where did injury occur? Pulaski Co. Mo. (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) W. H. Jones Coroner, M.D.
(Address) Richland 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.

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