JAN 26 1934

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

Do not use this space.

39101

1. PLACE OF DEATH

7 County Bates — Registration District No. 53 — File No.

6 Township Osage — Primary Registration District No. 8005 — Registered No. 50

6 City Rich Hill (No. , St. Ward)

2. FULL NAME Sam Walls

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

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 M

4. COLOR OR RACE Black

5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED (write the word)~~

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1859-6-13

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	6	6	

OCCUPATION

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

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) Dont Know 31

FATHER

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

17. INFORMANT (ADDRESS) Harry Camp Cell Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Court DATE 12-15 33

19. UNDERTAKER (ADDRESS) H E Baughan Rich Hill

20. FILED Nov 15 33 Daniel J Allen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 33

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Dec 14, 1933.

I last saw him alive on Dec 14, 1933. Death is said to have occurred on the date stated above, at 3 A m.

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

Chronic Myocarditis 93C

Date of onset

Other contributory causes of importance: 93C

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?

If so, specify

(Signed) Daniel J Allen, M. D.

(Address) Rich Hill Mo

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.