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.

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

JAN 11 1935

Do not use this space.

File No. 42470

Registered No.

1. PLACE OF DEATH
County Daviess
Township Grand River
City Jameson (No. , St. Ward)
Registration District No. 251
Primary Registration District No. 4151

2. FULL NAME James J. Walls
(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 26 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: Nancy Ellen Walls
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 25 1854
7. AGE: Years 80 Months 6 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Agriculture
10. Date deceased last worked at this occupation, (month and year): Nov. 1924
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daviess Co. Missouri

FATHER
13. NAME: Eli J. Walls
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Siota Co. Ohio

MOTHER
15. MAIDEN NAME: Catherine Netherton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

17. INFORMANT (ADDRESS): Mrs. J. J. Walls Jamison, Mo.,
18. BURIAL, CREMATION, OR REMOVAL PLACE: Hickory Creek Cem. DATE: Dec 18 1934
19. UNDERTAKER (ADDRESS): Hope Furn. & Undt. Co., Gallatin, Mo.
20. FILED 12/18 1934 Geo. E. Robison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1934 to Dec. 16, 1934
I last saw him alive on Dec. 12, 1934 Death is said to have occurred on the date stated above, at 5 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	
Cerebral hemorrhage	

Other contributory causes in 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?
If so, specify
(Signed) L. R. Brooks, M. D.
(Address) Gallatin, Missouri