

JUN 1 8 1935

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township Milford
City (No.)

Registration District No. 45
Primary Registration District No. 3067

11882

File No.
Registered No.
St. Ward)

2. FULL NAME

Marion Allen Wall

(a) Residence, No. St. Ward.

(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. (If nonresident, give city or town and State)

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) Dec 7, 1904

7. AGE YEARS 30 MONTHS 4 DAYS ? IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Dubuque Co., Iowa (STATE OR COUNTRY)

MOTHER FATHER 13. NAME R. W. Wall

14. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

15. MAIDEN NAME Alice B. Atkinson

16. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

17. INFORMANT R. W. Wall (ADDRESS) Milford, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ross Prairie Cem DATE April 12, 1935

19. UNDERTAKER R. F. Kenantz (ADDRESS) Lamar, Mo.

20. FILE June 10, 1935 Harvey B. Wiley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1935

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..... m.

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

Epilepsy
Found dead in bed by father. Had a convulsion early in the night.

Date of onset 1905

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

23. If death was due to external cause (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) R. F. Kenantz, coroner, M. D.

(Address) Lamar, Missouri

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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