

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

Do not use this space.

38632

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3032

City Sedalia (No. 406 E. 3rd)

File No. 308

Registered No. 668

St. Mo. Ward

2. FULL NAME Suzan Caroline Wall

(a) Residence No. 406 E. 3rd St. Mo. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 17 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

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

Widowed

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

John H. Wall

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

Sept 28, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78

0

23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

La Clede County Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

W. A. Wall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Mary Cloyd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

Will Wall
(Address) 406 E 3rd Sedalia Mo.

15. FILED

10-22-1936 Jean Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1936

17. I HEREBY CERTIFY, That I attended deceased from April, 1956, to Oct 21, 1936, that I last saw her alive on Oct 21, 1936, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic hypocardia
arteriosclerosis

Dr. W. H. Krum (duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Chronic renal nephritis
Dr. W. H. Krum (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Dr. W. H. Krum

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chromal
(Signed) Chas. W. Krum, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Atterville, Mo. DATE OF BURIAL 10-23-1936

20. UNDERTAKER

Parker Funeral Service ADDRESS Atterville 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.

