Duplicate

JUL 8 - 1937

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 21993

Township ..... Primary Registration District No. ..... Registered No. 5745

City St Louis (No. Missouri Pacific Hosp St. ..... Ward)

2. FULL NAME Lucien Orlie Wall

(a) Residence, No. ..... St., N R Ward. 915 Union Council Grove Kan.
(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: Mrs. L. O. Wall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1 1884

7. AGE: YEARS 53 MONTHS 0 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman

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): Luroy, Kansas

FATHER

13. NAME: John Wall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs. L. O. Wall Council Grove, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE: Council Grove, Kans DATE: 6/11/37 19

19. UNDERTAKER (ADDRESS): Robert J. Ambruster, Glasgow Road at Concordia Lane

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20. FILED ..... 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-10-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-3-, 1937, to 6-10-, 1937

I last saw him alive on 6-10-, 1937. Death is said to have occurred on the date stated above, at 6 00 A m.

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

	Date of onset
Apoplexy	6-10-37
Hypertensive Heart Disease	
Arteriosclerosis Generalized	
Diabetes Mellitus (Borderline)	4-20-37?

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? Bl. Sub EKG Was there an autopsy? No

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? No

If so, specify .....

(Signed) E L Graul, M. D.

(Address) Mo. Pac. Hosp.

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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