

REC'D APR 1 9 1938

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

Do not use this space.

1. PLACE OF DEATH

44 County Holt Registration District No. 370
 Township Forest Primary Registration District No. 5516
 City FOREST CITY (No. _____) St. _____ Ward _____

File No. 10915
 Registered No. 4

2. FULL NAME

Louisa L. Wall 400

(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 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 David Wall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 19-18-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 22

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) (STATE OR COUNTRY) Washington Iowa13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Grant Leach
(ADDRESS) Forest City, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest City, Mo DATE March 12 193819. UNDERTAKER Lester Pettijohn
(ADDRESS) Oregon, Missouri20. FILED Mch 12 1938 F. E. Bullock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 193822. I HEREBY CERTIFY, That I attended deceased from Several years 19____, to Mch 7-1938 19____I last saw her alive on Mch, 7 1938 19____. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Senile dementia.

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 NO(Signed) F. E. Bullock M. D._____
(Address) Forest City, Mo

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.

