REC'D APR 18 1938

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

Do not use this space.

12420

File No.
Registered No.

1. PLACE OF DEATH
County Washington
Township Liberty
City (No. , St. Ward)
Registration District No. 587
Primary Registration District No. 6181

2. FULL NAME George Spencer Walls 420
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha Radenque
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 17 1878
7. AGE: Years 59 Months 11 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
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): Crawford Co. O

FATHER
13. NAME: Jesse Walls
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Crawford Co.~~ Tenn.

MOTHER
15. MAIDEN NAME: Jane Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Edgar Walls
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE Mar 19 1938
19. UNDERTAKER (ADDRESS): Sparks
20. FILED Mar 19 1938 G. T. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 10 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1938 to Mar 10 1938
Last saw him alive on March 4 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
Other contributory causes of importance: 82 yr
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? no
If so, specify
(Signed) G. T. Cresswell M. D.
(Address) Potosi 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.

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