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.

REC'D OCT 18 1938

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

Do not use this space.

31574

1. PLACE OF DEATH
County Andrew
Township Platte
City —
Registration District No. 15
Primary Registration District No. 5819
File No.
Registered No. 9
(No. St. Ward)

2. FULL NAME Rosanna Alexander Wall 4-1
(a) Residence, No. Guilford Mo 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 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 Grover Wall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1897
7. AGE YEARS 41 MONTHS 6 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) Cluster of death
11. Total time (years) spent in this occupation Sellife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo

FATHER
13. NAME William Alexander
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianna

MOTHER
15. MAIDEN NAME Mary Owens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianna

17. INFORMANT (ADDRESS) Grover Wall Guilford Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Whitesville DATE Sept 25 1938
19. UNDERTAKER (ADDRESS) C C Reynolds Guilford Mo
20. FILED Sep 20 1938 Mrs E C Jefferies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1938, to Sept 19 1938
I last saw her alive on Sept 19, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure due to hemorrhage following miscarriage	9.15 38

Other contributory causes of importance:

141

Name of operation none Date of —
What test confirmed diagnosis? Clinical 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) A. D. Barnett, M. D.
13 (Address) Guilford, Mo