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.

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

Do not use this space.

APR 19 1939

1. PLACE OF DEATH
County Morgan
Township Hawcreek
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 919
Primary Registration District No. 5793a

File No. 11648
Registered No. 3

2. FULL NAME Tillman Worth Wall

(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: Male
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: Melissa Christain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 9, 1848

7. AGE: YEARS 90 | MONTHS 5 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Indiana.

FATHER
13. NAME: Jacob Wall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana.

MOTHER
15. MAIDEN NAME: Amanda Moberly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Ralph Wall, Glenated, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cable Ridge Cem DATE March 14, 1939

19. UNDERTAKER (ADDRESS): Rapp & Stevinson, Stover, Mo.

20. FILED April 10, 1939 Wm L Ripperger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Dec 1, 1938
I last saw him alive on Dec 1, 1938 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Old age & exhaustion

Date of onset

Other contributory causes of importance: 16 2

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Chas A Hirst, M. D.
(Address) Stover Mo

RECEIVED
District Health Officer No. 7
District File Number 7-39-S-S-1
Date Filed 4-13-39