

Do not use this space.

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

28834

SEP 15 1939

1. PLACE OF DEATH

County Carr Registration District No. 157
Township Pleasant Hill Primary Registration District No. 4091
City Pleasant Hill (No. _____ St. _____ Ward)

File No. _____
Registered No. 33

2. FULL NAME Harry Elwood Wall

(a) Residence, No. _____ St. _____ Ward. _____ (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 Gladys Wall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1901
7. AGE YEARS 38 MONTHS 0 DAYS 13 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook in restaurant
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) Aug 26, 1939 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas

FATHER 13. NAME J.C. Wall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Frances Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Kan

17. INFORMANT Mrs Harry Wall (ADDRESS) Pleasant Hill mo

18. BURIAL, CREMATION, OR REMOVAL - PLACE Pleasant Hill DATE Aug 28 1939

19. UNDERTAKER G.W. Brownfield (ADDRESS) Pleasant Hill mo

20. FILED Aug 28, 1939 Mrs Etta M. Aldridge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-26-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h_____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Coronary Heart Failure following a
stroke of the brain

Other contributory causes of importance: 115 N

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 _____

(Signed) E. M. Galt M. D.
Harrisonville Mo
Pratt Co

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.

Embalm'd by me this
26th day of Aug. 1938
Lenses No. 3785

W. B. Roundfield