

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

Do not use this space.

FILED JAN 19 1944

4005

1. PLACE OF DEATH

County Pulaski
Township Tavern
City Rural (No.)

Registration District No. 296
Primary Registration District No. 598.6

File No.
Registered No. 5 St. Ward)

2. FULL NAME Joe Louis Wall

(a) Residence, No. Tavern Twsp. St. Ward.

(Usual place of abode) Life (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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1942

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Tavern Twsp.
(STATE OR COUNTRY) Missouri

13. NAME Virgil Wall

14. BIRTHPLACE (CITY OR TOWN) Pulaski Co.
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mearl Pruitt

16. BIRTHPLACE (CITY OR TOWN) Kansas.
(STATE OR COUNTRY)

17. INFORMANT Virgil Wall
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord DATE 11 - 14 - 1943

19. UNDERTAKER Hoops and Sons.
(ADDRESS) Crocker, Mo.

20. FILED 1-15- 1944 Chas M Godd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1943 to Nov. 12 1943

I last saw him alive on Nov. 12 1943 Death is said to have occurred on the date stated above, at 10 A.

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

Secondary Bronchopneumonia 11/12/43.
complication of
Whooping Cough. 11/1/43.

Other contributory causes of importance: 9

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 John A. Mphatovich M. D.
(Signed) Crocker, Mo.
(Address)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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.

