

JUN 25 1930

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

Do not use this space.

16530

1. PLACE OF DEATH

County Jefferson
Township De Soto
City De Soto (No.)

Registration District No. 470
Primary Registration District No. 3022

File No.
Registered No. 49
St. Ward)

2. FULL NAME

Mrs. Joan Wall
(a) Residence. No. 909 St. Louis St., Ward.

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Wall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bowling Green
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Joseph Elliot

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Carrie Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Susan Haverstick
(Address) De Soto Mo.

15. FILED 58 1930 D. E. Acappella REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930

17. I HEREBY CERTIFY, That I attended deceased from April 29 1930 to May 2 1930 that I last saw her alive on May 1 1930 and that death occurred, on the date stated above, at 5:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
mitral regurgitation of the heart

CONTRIBUTORY Chronic interstitial nephritis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS usual clinical
(Signed) Thaler Robinson M. D.
5/3 1930 (Address) De Soto Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Hill DATE OF BURIAL May 19 1930

20. UNDERTAKER Samuel B. Dietrich ADDRESS De Soto 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.

WITH OUTFLOWING INK—THIS IS PERMANENT RECORD

