

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

Do not use this space.

5004

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Flaw Primary Registration District No. 1002  
 City Kansas City (No. St. Anthony) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 301  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Teresa Wall  
 (a) Residence, No. St. Anthony's Home St. 11 Ward \_\_\_\_\_  
 (Usual place of abode)

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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-13-29

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
5 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Amelia Wall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Sister M. Joseph  
 (Address) St. Anthony's 2334 College

15. FILED 7/12, 19 30 M. M. Corbin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1930, to Feb 12, 1930, that I last saw him at alive on Feb 10, 1930, and that death occurred, on the date stated above, at Feb 12 4:26 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Otitis media

CONTRIBUTORY (SECONDARY) Intestinal Indigestion  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 11312  
 I NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? home  
 (Signed) H. Dwyer M.D.  
 7/12, 1930 (Address) 214 Medical Arts Bldg

\*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 St. Mary's DATE OF BURIAL July 12

20. UNDERTAKER St. Mary's ADDRESS \_\_\_\_\_

Exact statement of OCCUPATION is very important. Physicians should state occupation EXACTLY. May be properly classified.

