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.

JUL 18 1935

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

Do not use this space.

19182

1. PLACE OF DEATH
County Cass — Registration District No. 157 — File No. 10
Township ~~Pleasant Hill~~ — Primary Registration District No. 4091 — Registered No. 18
City Pleasant Hill (No. ..... St. ..... Ward)

2. FULL NAME Richard Wall

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: Male
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) June 19 1925

7. AGE: YEARS 9 ~~1925~~ — MONTHS 11 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY) Holden Mo

FATHER
13. NAME Harry E. Wall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas

MOTHER
15. MAIDEN NAME Gladys Deutsch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchinson Kansas

17. INFORMANT (ADDRESS) H. E. Wall Pleasant Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE June 8 1935

19. UNDERTAKER (ADDRESS) Brownfield's Pleasant Hill Mo.

20. FILED June 3 1935 L. D. Murray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1935

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:

Accidental drowning. (death caused by swimming in Big Creek near Pleasant Hill while it was in flood stage. sucked under by current

Date of onset: 177

Other contributory causes of importance:

Name of operation none 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? accident Date of injury 6-1, 1935
Where did injury occur? near Pleasant Hill, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury accidental drowning
Nature of injury same

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Ernest Runnenbuyer Coroner
(Address) Harrisonville, Mo.