APR 3 0 1939

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

12649
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon 3 Registration District No. 875
(b) Township or Nevada Primary Registration District No. 162 Registered No. 68
(c) City Nevada (d) Street No. Hale Hospital 3 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 2 mos. 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David M. Wall
(a) Residence, No. Calhoun Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Graham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 14-1866

7. AGE: Years 72 Months 10 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): UK
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co Mo

FATHER
13. NAME: W. W. Wall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

MOTHER
15. MAIDEN NAME: Sarah Francis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Hosp. Records

18. [redacted], [redacted], [redacted] REMOVAL
PLACE Leeton, Mo. DATE 3-4- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. A. Brauninger, Leeton, Mo.

20. FILED 3-8 1939 Allen C. Kaye Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1938 to Mar 3 1939
I last saw h[redacted] alive on Mar. 3 1939. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis c	
Myocardial degeneration	DX

Other contributory causes of importance: Senility

Name of operation ..... Date of ..... No
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? ..... 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? No
If so, specify .....
(Signed) J. R. Hopkins, M. D.
(Address) Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16805

RECEIVED
District Health Officer No. 7
District File Number 7-39-628
Date Filed 4-17-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ R A Brauninger, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed R. A. Brauninger

Licensed Embalmer No. 3377

P. O. Address Leeton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.