

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

Do not use this space.

1. PLACE OF DEATH

County Muller
Township Richwoods
City Iberia (No.) St. Ward)

Registration District No. 562
Primary Registration District No. 5757

File No. 24479
Registered No.

2. FULL NAME

Mildred B. Wall
(a) Residence. No. St. Ward.
(Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Wall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
83 6 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin Co., Virginia
(STATE OR COUNTRY)

10. NAME OF FATHER James

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

12. MAIDEN NAME OF MOTHER Thompson

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

14. INFORMANT Jesse Wall
(Address) Iberia, Mo

15. FILED Aug 14 28 W. A. Dow Krenf
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1928

17. I HEREBY CERTIFY That I attended deceased from July 25, 1928, to July 27, 1928 that I last saw h. alive on July 27, 1928, and that death occurred, on the date stated above, at 1:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage of the Brain

82A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) NO
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. Dow Krenf, M. D.

July 27, 1928 (Address) Iberia 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 DATE OF BURIAL

Curry Cemetery 7/29 1928

20. UNDERTAKER ADDRESS

Adams & Casey Iberia

