

REC'D MAY 24 1938

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

Do not use this space.

1. PLACE OF DEATH

89 County Ray Registration District No. 914 File No. 15666
Township Grape Grove Primary Registration District No. 6235- Registered No. 6
City Richmond (No.) St. Ward)

2. FULL NAME

Walter L. Wollard 463

(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 40 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Wollard6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Dec 1937 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Missouri13. NAME Swane Wollard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Frances Maddrine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Willard S? Wollard POLO, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 4/10/3819. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Mo.20. FILED Apr 13 1938 W. E. Gant Registrar. 629

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6/38 193822. I HEREBY CERTIFY, That I attended deceased from Dec. 4 1937, to Apr. 6 1938I last saw him... alive on Apr. 1 1938. Death is saidto have occurred on the date stated above, at 11:00 P. M.

The principal cause of death and related causes of importance were as follows:

Chr. Interstitial Nephritis
Myocarditis
General Arteriosclerosis

Date of onset

Other contributory causes of importance: 121Uremia

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) Carl H. Reed, M. D.(Address) Hardie

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.

