

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
OF DEATH IN plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

HVS-5-600M-9-36

1. PLACE OF DEATH

County Beaver  
Township Midland  
Borough Midland  
City \_\_\_\_\_

Primary Dist. No. 04-07-41

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 71071  
Registered No. 30

No. \_\_\_\_\_ (If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)  
Length of residence in city or town where death occurred 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

2. FULL NAME (type or print)

Elmora Wall  
Residence: No. 30-2nd St St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced  
~~HUSBAND of~~  
(or) WIFE of Ira Wall

6. DATE OF BIRTH (month, day, and year) 1901

7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mins.  
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 7-39 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or Country) Madison Parish Louisiana

13. NAME William Atlas

14. BIRTHPLACE (city or town) (State or Country) Louisiana

15. MAIDEN NAME Elmora Doan

16. BIRTHPLACE (city or town) (State or Country) Louisiana

17. SIGNATURE (name and address) OF INFORMANT Ira Wall  
30-2nd St

18. BURIAL, CREMATION, OR REMOVAL: Date 8-7 1939  
Place Oak Grove County Beaver State Pa

19. UNDERTAKER (name and address)

Dr. Dennis - Midland

20. FILED Aug. 5, 1939 Della H. Crawford  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug-4 1939

22. I HEREBY CERTIFY, That I attended deceased from July 28 1939, to August 4 1939.

I last saw her alive on August 4 1939; death is said to have occurred on the date stated above, at 11:40 m.

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

Coronary occlusion

Date of onset

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Other contributory causes of importance:

Angina pectoris

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury \_\_\_\_\_ 193

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) Thomas S. Boyd, M.D.

(Address) Midland, Pa.