

1. RACE OF DEATH.

County of... **Silver Bow**

Dr. Turner

Township.....

Village.....

City..... **Butte**No. ... **225 South Jackson** ... StreetFile No. ... **540** ...Registered No. ... **5261**3. FULL NAME ... **Mrs. Anna B. Wall**(If death occurred in a
Hospital or Institution, give
its NAME instead of street
and number).

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------------|-------------------------|---|
| 4 SEX Female | 4 COLOR White | 5 Single, Married, Widowed or Divorced. (Write the word) |
|------------------------|-------------------------|---|

| | | |
|--------------------------------------|-----------------|-------------------|
| 6 DATE OF BIRTH June | 20 | 1840 |
| (Month) | (Day) | (Year) |

| | | | | | | |
|--------------------------|-------------|----------------|-----------|----------------|-----|---|
| 7 AGE 74 | years | 2 | mos. | 4 | ds. | IF LESS than 1 day ... hrs. or ... min. |
|--------------------------|-------------|----------------|-----------|----------------|-----|---|

| | |
|--|--|
| 8 OCCUPATION (a) Trade, profession, or particular kind of work | (b) General nature of industry, business, or establishment in which employed (or employer) ... House Wife |
|--|--|

| |
|---|
| 9 BIRTHPLACE (State or Country) ... Ireland |
|---|

| |
|---|
| 10 NAME OF FATHER Rodie Burke |
|---|

| |
|---|
| 11 BIRTHPLACE OF FATHER (State or Country) ... Ireland |
|---|

| |
|---|
| 12 MAIDEN NAME OF MOTHER Anna Mara |
|---|

| |
|---|
| 13 BIRTHPLACE OF MOTHER (State or Country) ... Ireland |
|---|

| |
|---|
| 14 The Above is True to the Best of My Knowledge Informant. Matt Donnison |
|---|

Address ... **225 South Jackson**Filed ... **8/25** ... 1914 of **CHAM** Registrar.

MEDICAL CERTIFICATE OF DEATH

| | | |
|--|-----------------|-------------------|
| 16 DATE OF DEATH AUG | 24 | 1914 |
| Month | Day | Year |

17 I HEREBY CERTIFY, That I attended deceased from
23rd August 1914 to **24th August** 1914
that I last saw h. **cs** alive on **23rd August** 1914
and that death occurred on the date stated above, at

5 P. M. The cause of death* was as follows:
sub acute Nephritis

..... (duration) yrs. mos. **7** ds.Contributory **arterio-sclerosis** (duration) yrs. mos. **25** ds.(Signed) **Charles E. Curtis****August 25** 1914 Address **516 S. 1st - Phoenix B.***State the Disease Causing Death, or in deaths from
Violent Causes, state (1) Means of Injury; and (2)
whether Accidental, Suicidal or Homicidal.

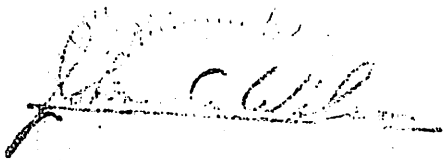
| |
|--|
| 18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents). At place in the of death ... yrs. mos. ds. State 25 yrs. mos. ds. Where was disease contracted, |
|--|

If not at place of death?

| | |
|--|--------------------------------------|
| 19 Place of Burial or Removal Holy Cross Cem | Date of Burial Aug 26 1914 |
|--|--------------------------------------|

| | |
|-------------------------------------|------------------------------|
| 20 UNDERTAKER H. J. Walsh | ADDRESS Butte Mont |
|-------------------------------------|------------------------------|

This certifies that the foregoing is
a true and correct copy of the original
certificate on file with the
Montana State Department of
Environmental Sciences.



JOHN C. WILSON
State Registrar

Date 11-2-77 By CWS/PAK

Form V. S. No. 4.
 1. PLACE OF DEATH
 County of Silver Bow.

STATE OF MONTANA
 Bureau of Vital Statistics
 Certificate of Death

Township.....
 or
 Village.....
 or
 City Butte Mont.

No. 225 So. Jackson Street

File No. 28 3810
 Registered No. 1135

2. FULL NAME Michael Vall *The City of Butte*

(If death occurred in a Hospital or Institution, give its NAME instead of street and number).

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|-------------------------|---|
| 3 SEX <u>Male</u> | 4 COLOR <u>White</u> | 5 Single, Married, Widowed or Divorced. <u>Married</u> (Write the word) |
| 6 DATE OF BIRTH <u>Feb. 6</u> 1862. (Month) (Day) (Year) | | |
| 7 AGE <u>51</u> years <u>10</u> mos. <u>24</u> ds. | | IF LESS than 1 day.....hrs. or.....min. |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work..... <u>Miner</u> (b) General nature of industry, business, or establishment in which employed (for employer)..... | | |

9 BIRTHPLACE (State or Country) Michigan

| | |
|---------|--|
| PARENTS | 10 NAME OF FATHER <u>Martin Vall.</u> |
| | 11 BIRTHPLACE OF FATHER (State or Country) <u>Ireland</u> |
| | 12 MAIDEN NAME OF MOTHER <u>Anna Burke</u> |
| | 13 BIRTHPLACE OF MOTHER (State or Country) <u>Ireland</u> |

14 The Above is True to the Best of My Knowledge
 Informant Matt Dennison
225 So Jackson St.
 Address.....

15 Filed Dec 5 1913. Edith Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Dec. 3rd 1913
 Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from 2nd December 1913 to 3rd December 1913 that I last saw him alive on 2nd December 1913 and that death occurred on the date stated above, at.....
11:30 pm M. The cause of death* was as follows:
Acute Pleuro-pneumonia
 (duration).....yrs.....mos.....ds.
 Contributory.....
 (Secondary).....
 (duration).....yrs.....mos.....ds.
 (Signed) Christopher Turner M. D.
Dec 5 1913 Address Phoenix Bldg

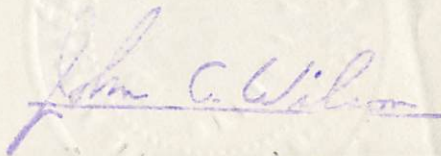
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents).
 At place.....in the.....
 of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds.
 Where was disease contracted,.....

If not at place of death?.....
 Former or Usual Residence.....

| | |
|--|---------------------------------------|
| 19 Place of Burial or Removal <u>Holy Cross</u> | Date of Burial <u>Dec 6th</u> 1913 |
| 20 UNDERTAKER <u>J. Walsh</u> | ADDRESS <u>Butte Mont</u> |

This certifies that the foregoing is
a true and correct copy of the original
certificate on file with the
Montana State Department of
Environmental Sciences



John C. Wilson

JOHN C. WILSON
State Registrar

Date 11-2-77 By C.W. Antler