

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.

5481

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

Do not use this space.

11879

1. PLACE OF DEATH

County Jackson Registration District No. 500
 Township Kaw City Primary Registration District No. 1007
 City Kansas City (No. Staley Roepf.)

File No. _____
 Registered No. 1675
 St. _____ Word)

2. FULL NAME

Mary Katherine Wallace

(a) Residence. No. 3901 Crittenden 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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Millard Wallace

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 7, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 | 8 | 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none 548
 (b) General nature of industry, business, or establishment in which employed (or employer) 92 B
 (c) Name of employer 753

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Geo. W. Cassell

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

12. MAIDEN NAME OF MOTHER Susan N. Pharis

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

14. INFORMANT Warren F. Wallace
 (Address) 3903 Crittenden

15. FILED 4/22/27 M.M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1927

17. I HEREBY CERTIFY That I attended deceased from Apr. 19 1927 to Apr. 22, 1927 and that I last saw her alive on Apr. 22, 1927, and that death occurred, on the date stated above, at 10:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis and acute dilation of heart
90A (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Fibrroid uterus
Nonmalignant (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr. 19-1927
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation
 (Signed) Merwin Belet M. D.
 (Address) 720 S. 4th St.

*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 Brookings DATE OF BURIAL Apr. 24 1927

20. UNDERTAKER W.H. Newcomer's Sons ADDRESS St. C. Mo.

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Via 5481
10-5-

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