

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

Do not use this space.

18842

1. PLACE OF DEATH

County McDonald
Township Prairie
City (No.)

Registration District No. 315
Primary Registration District No. 5687

File No.
Registered No.
St. Ward

2. FULL NAME John Lemuel Wallace

(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. da. 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 Ann Wallace

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2nd 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 3 II

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employers) Farming
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison County Ohio
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Wallace
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Hester Baldridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. Chas Wallace
INFORMANT (Address) Neosho Mo Route #7

15. 6/14 27 John J. Michael
FILED 19 1927 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13th/1927

17. I HEREBY CERTIFY, That I attended deceased from June 9th 1927, to June 13th 1927, that I last saw him alive on June 13th 1927, and that death occurred, on the date stated above, at 11:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza and Bronchopneumonia
82A 74a
107A
CONTRIBUTORY (SECONDARY) Asphyxia
(duration) yrs. 2 mos. ds.
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. V. Boynton M.D.
, 19 (Address) Lancaster City, 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
Oakwood Cemetery
Neosho, Missouri

DATE OF BURIAL
June 15th
1927

20. UNDERTAKER Buzzard and Gallemore
ADDRESS Seneca Mo

NOTE: 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.

