

Oct 20 1927

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

Do not use this space.

27689

1. PLACE OF DEATH

County Lewis

Registration District No. 477

File No. 45

Township Canlon

Primary Registration District No. 4286

Registered No. 45

City Canlon

St. Canlon Ward 1

2. FULL NAME

(a) Residence No. John Thomas Wallace St. Canlon Ward 1

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Living - Separated

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

Nov 14 - 1861

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

65

8

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Lewis Co Mo

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Thomas Wallace

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kenrick

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Marion Jellard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Lewis Co

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Virginia Wallace
Canlon Mo

15.

FILED

9-8-1927

H. W. Harris

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 6 1927

17. I HEREBY CERTIFY That I attended deceased from Jan 27, 1927, to Sept 6, 1927, that I last saw him alive on Sept 6, 1927, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage - Brain
80 H

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

W. G. Carter
Canlon, 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

DATE OF BURIAL

1 mi W

Sept 8 1927

20. UNDERTAKER

ADDRESS

F. S. Kelly

Canlon Mo

