

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

Do not use this space.

37256

**1. PLACE OF DEATH**

County..... Jasper

Registration District No. 411

File No. ....

Township.....

Primary Registration District No. 2002

Registered No. 594

City..... Joplin (No. ....) St. ....

Ward) ....

**2. FULL NAME**

(a) Residence. No. Willie M Wallace Jr. St. .... Ward. ....

(Usual place of abode)

Ward. ....

Columbus Kansas

(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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

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

Child

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

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

June 9 1927

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

6

6

10

**8. OCCUPATION OF DECEASED**

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

Child

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Columbus

(STATE OR COUNTRY)

Kansas

**10. NAME OF FATHER**

Willie M. Wallace

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo

**12. MAIDEN NAME OF MOTHER**

Anna Carter

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Washington

**14.**

INFORMANT (Address)

W. M. Wallace  
Columbus Kansas

**15.**

FILED 12/27 1927

W. A. Benson Clark  
REGISTRAR

120

**MEDICAL CERTIFICATE OF DEATH**

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

Dec 20 1927

**17.**

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927, to Dec 20, 1927, that I last saw heart alive on Dec 19, 1927, and that death occurred, on the date stated above, at 1:45 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

meningitis  
79A

(duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

71A

(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Chas J Reed, M. D.

12-20, 1927 (Address) Joplin 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**

Columbus Kansas

Dec 21 1927

**20. UNDERTAKER**

**ADDRESS**

James Ed Rublans

Columbus Kansas

X. 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.

THIS IS A PERMANENT RECORD

JAN 13 1928

