

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

Do not use this space.

4389

MAR 17 1928

1. PLACE OF DEATH

County Clinton

Registration District No. 204

Township Shore

Primary Registration District No. 5282

City Shore (No.)

File No.

Registered No. 11

St. Ward

2. FULL NAME Juanita Katherine 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15-28

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
✓ ✓ 3 2 min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo

10. NAME OF FATHER E. J. Wallace

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo

12. MAIDEN NAME OF MOTHER Kate Zimmerman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) H. Wash. Mo

14. INFORMANT H. O. Pollock (Address) Cameron Mo.

15. FILED 7/19 1928 D. C. Riley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 15 1928 to Feb 18 1928

that I last saw him alive on Feb 18 1928, and that death occurred, on the date stated above, at 5 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Blue Baby
Chloroform Overdose
1575/159B
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH. NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. O. Hilliard M. D.

Feb 19 1928 (Address) Cameron 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 Graceland Cemetery DATE OF BURIAL Feb. 19 1928

20. UNDERTAKER J. W. Poland ADDRESS

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.

