

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

Do not use this space.
Dr. Beatty

File No. **16902**
Registered No. **7**
St. _____ Ward _____

1. PLACE OF DEATH

County Harrison Registration District No. 354
Township Clinton Primary Registration District No. 5503
City Clinton (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Roy Alvin Wallace
(a) Residence. No. 404 E Grand St Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boy 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 22, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 2 27

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Edwards Wallace

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

12. MAIDEN NAME OF MOTHER Ella Blossom

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

14. INFORMANT Edwards Wallace
(Address) Blountstown Mo

15. FILED May 19 27 J. Beatty
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19, 1927
17. _____

I HEREBY CERTIFY, That I attended deceased from May 19, 1927, to May 19, 1927
that I last saw him alive on May 19, 1927, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Delirium
Convulsion
22
86 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 39 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. Beatty M. D.
(Address) Clinton 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 Libo DATE OF BURIAL 5-20-27

20. UNDERTAKER Edwards Wallace ADDRESS Clinton Mo

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.

1028

