T 30 1928

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

Do not use this space.

30936

1. PLACE OF DEATH
County Laclede — Registration District No. 1042 — File No.
Township Hooker — Primary Registration District No. 5614 — Registered No. 6
City (No. St. Ward)

2. FULL NAME Nannie 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 14 - 1861

7. AGE: 67 YEARS, MONTHS: 6, DAYS: 23, If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 92.5 82.5
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Kendle Ville
(STATE OR COUNTRY): Ind.

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): " "
12. MAIDEN NAME OF MOTHER: " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): " "

14. INFORMANT: Will Peffers
(Address)

15. FILED 9-8, 1928 J. C. Scott REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 6 1928

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1928, to Sept 6, 1928, that I last saw her alive on Sept 6, 1928, and that death occurred, on the date stated above, at 5.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY): Valvular Heart Disease

(duration) 6 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? Physical
(Signed) J. C. Scott, M. D
, 19 (Address) Lebanon 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: Boles Cemetery — DATE OF BURIAL: 9-8-1928

20. UNDERTAKER: Palmer — ADDRESS: Lebanon

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.