

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.

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

Do not use this space.
31782

1. PLACE OF DEATH

County.....

Registration District No.....

791**1003**

File No.....

9032

Township.....

Primary Registration District No.....

Registered No.....

City.....

(No. *City Infirmary*)

St. Ward)

2. FULL NAME(a) Residence, No. *5800 Arsenal St* St. *13* Ward.(Usual place of abode) *St Louis Mo*

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *60* 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)***Widower***5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF***Agnes Wallace***6. DATE OF BIRTH (MONTH, DAY AND YEAR)***July 5-1851***7. AGE***77*

YEARS

MONTHS

DAYS

If LESS than 1 day, *hrs.* or *mins.***8. OCCUPATION OF DECEASED**

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

Baker

(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)

*Scotland***10. NAME OF FATHER***Wm Wallace***11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Scotland***12. MAIDEN NAME OF MOTHER***Jane Wilson***13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Scotland***14.**INFORMANT
(Address)*Mrs. M. Effinger
5800 Arsenal St***15.**

FILED

*SEP - 2 1928**May C. Stanley*

REGISTER

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)***9-7-1928***17.**

I HEREBY CERTIFY That I attended deceased from *7/12-1928* to *9/7-1928*, and that I last saw him alive on *9/7-1928*, and that death occurred, on the date stated above, at *St Louis Mo*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:*Chronic Myocarditis**131**750*

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)*Chronic Nephritis*

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

NOT A PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?(Signed) *Harold M. Roddy**9/7, 1928* (Address) *5800 Arsenal St*

*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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL**DATE OF BURIAL***Walhalla Cemetery**9-10 1928***20. UNDERTAKER***Geo. L. Pleitsch***ADDRESS***5966 Eastern Ave*

