

EB 22 1929

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

Do not use this space.

2194

1. PLACE OF DEATH

County Laclede
Township Lebanon
City Lebanon

Registration District No. 449
Primary Registration District No. 4267

File No. 1577
Registered No. 1577
St. Mo. Ward

2. FULL NAME Louise G. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9-1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 4 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Schayhticoke
(STATE OR COUNTRY) New York

10. NAME OF FATHER Chester Grovesbeck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Y.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lurena De Voe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. Y.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Hugh McClintic
(Address) Lebanon Mo.

15. FILE 1/13 1929 J. W. Beebe REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12-29 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 24 1928, to Jan. 12 1929, that I last saw him alive on Jan. 12 1929, and that death occurred, on the date stated above, at 12.50 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility and Senile
Pneumonia

CONTRIBUTORY (SECONDARY)

Fall (duration) yrs. 1 mos. 19 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? NO DATE OF none

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) J. L. Beebe 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 Lebanon Mo. DATE OF BURIAL 1-14-29 1929

20. UNDERTAKER Palmer Lebanon 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.

WHILE LIVING, WITH CONTINUING INTEREST TO A FUTURE RECORD

