

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

Do not use this space.

5481

1929

1. PLACE OF DEATH 85
 County Bushanan Registration District No.
 Township Primary Registration District No. 1001 File No.
 City St. Joseph (No.) St. Registered No. 142 Ward) (If nonresident give city or town and State)

2. FULL NAME George Wallace
 (a) Residence, No. State Hospital #2 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. 14 ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 [Signature]

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 40 unknown — — —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labourer
 (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) Bulgaria.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Alma Hoos Social Service
 (Address) K.C. General Hospital

15. FILED Feb 5 1929 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3. 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1929 to Feb 3 1929
 and that I last saw him alive on Feb 3 1929, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of Insane
83
34 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Syphilis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No. DATE OF OPERATION Feb 3 1929
 WAS THERE AN AUTOPSY? Chemical & Laboratory
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) [Signature], M. D.
1/3, 1929 (Address)

*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 State Hosp. Bur DATE OF BURIAL Feb. 15 1929

20. UNDERTAKER Fred O Clark ADDRESS 5025 N. 7th Av.

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.

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