

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.

20688

1. PLACE OF DEATH

County Boone
Township Mo
City Columbia (No. _____)

Registration District No. 77
Primary Registration District No. 37262

File No. 169
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Wallace Pierce Acton

(a) Residence. No. Mc Bain R. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 6th 1923</u>		
7. AGE <u>6</u> YEARS	<u>0</u> MONTHS	<u>16</u> DAYS
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(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) Boone Co

PARENTS	10. NAME OF FATHER <u>John T. Acton</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co</u>
	12. MAIDEN NAME OF MOTHER <u>Eva Vermillion</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland Co</u>

14. INFORMANT John T. Acton
(Address) _____

15. FILED 1-3, 19 28 Mrs. Matthew Arnold
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1929

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1928, to June 21, 1928, that I last saw him alive on June 21, 1928, and that death occurred, on the date stated above, at 6:50 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro-Intestinal
enteritis, with
complications
1203 (duration) yrs. mos. 24 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Hardy

, 19 (Address) Columbia 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

Old Union Cem

DATE OF BURIAL

June 23 1929

20. UNDERTAKER

R. W. Willett

ADDRESS

Columbia

