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

Do not use this space.

File No. 28474

Registered No. 77

1. PLACE OF DEATH
County: Nodaway
Township: Polk
City: Maryville (No. ..... St. ..... Ward)
Registration District No. 625
Primary Registration District No. 3031

2. FULL NAME: Mark C. Wallis

(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 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 2 - 1877

7. AGE: Years 52 | Months 6 | Days 21 | If less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Physician
(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): Pickering Mo

PARENTS
10. NAME OF FATHER: William M. Wallis Jr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York.
12. MAIDEN NAME OF MOTHER: Augusta Irach
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New York.

14. INFORMANT: H. M. Wallis Jr.
(Address): Maryville Mo.

15. FILED: Aug 24 1929 C. P. Triger, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 23 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw him alive on ..... 19..., and that death occurred, on the date stated above, at about 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Found dead in bed, died suddenly. Coronary sclerosis and myocardial degeneration
more than (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) acromegaly, goitre, and endocrine dystrophy (duration) 30 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Chas. D. Hunsberd, M. D
Aug 23, 1929 (Address) County Coroner.

*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: Oak Hill Cemetery — DATE OF BURIAL: 8/25 1929

20. UNDERTAKER: Free & Son Co — ADDRESS: Maryville

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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