

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.

30247

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No.)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 185
St. Ward)

2. FULL NAME

Joseph William 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. 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virginia Belle Craig Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>10-18-1854</u>		
7. AGE <u>74</u>	YEARS <u>10</u>	MONTHS <u>20</u>
IF LESS than 1 day, ... hrs. min.		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scott County
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER R. E. M. Wallace
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Millersburg
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Nancy B. B. B.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Millersburg
(STATE OR COUNTRY) Kentucky

14. INFORMANT Joe Wallace
(Address) Fulton, Missouri

15. Sept 4 1929 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3rd 1929
17. I HEREBY CERTIFY, That I attended deceased from Aug 1st. 1929 to Sept 3rd 1929
that I last saw him alive on Sept 3rd, 1929, and that death occurred, on the date stated above, at ten fifty two P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of Liver. Atrophic.
1740
102
(duration) yrs. 6 mos. ds.

CONTRIBUTORY Hypertention.
(SECONDARY) (duration) yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 12201
I NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? P.E. (Consultation)
(Signed) Greene D. D. B.
, 19 29 (Address) Fulton 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 Richland Cemetery
DATE OF BURIAL Sept. 5 1929

20. UNDERTAKER Wm. Y. Maupin
ADDRESS Wm. Y. Maupin

