JUN 24 1930

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

Do not use this space.

15630

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.

1. PLACE OF DEATH

County: Clay
Township: Fishing river
City: .... (No. .... St. .... Ward)

Registration District No. 498
Primary Registration District No. 4277a
File No. ....
Registered No. 44

2. FULL NAME Louise 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	married

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: R. H. Wallace

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
68	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Don't Know

PARENTS
10. NAME OF FATHER: " "
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): " "
12. MAIDEN NAME OF MOTHER: " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "

14. INFORMANT: Mary Bhesford
(Address): Excelsior Springs, Mo.

15. FILED 5/7, 1930 Y. D. Craven REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1930, to May 11, 1930, that I last saw her alive on May 11, 1930, and that death occurred, on the date stated above, at .... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocardes
93V
82A
97 (duration) 6 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis
apoplexy (duration) 3 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF ....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Y. D. Craven, M. D.
, 19.... (Address) Ex. Spgs, 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: Enon
DATE OF BURIAL: May 13 1930

20. UNDERTAKER: Herbert Hope
ADDRESS: Excelsior Springs, Mo.