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

Do not use this space.

22540

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield (No. 726 McDaniel St. Ward)
File No.
Registered No. 577

2. FULL NAME Cleona Wallace
(a) Residence. No. 726 - McDaniel 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Wallace

6. DATE OF BIRTH (MONTH, DAY AND YEAR) - July - 28 - 1897

7. AGE: YEARS 32 — MONTHS 11 — DAYS 8 — IF LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER: Will Gray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Georgia Blakey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. John Wallace
(Address) 726 - E - McDaniel

15. FILED 7-8, 1930 Lon Sharp REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 6 - 1930

17. I HEREBY CERTIFY, That I attended deceased from June 26th, 1930, to June 6th, 1930 that I last saw her alive on July 6th, 1930, and that death occurred, on the date stated above, at 2.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
144A Placenta Previa
144B
144A (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) Hemorrhage
(duration) — yrs. — mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF June 27, 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) W. Hunter, M. D.
7/7, 1930 (Address) 325½ Boonville Ave

*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: Hazlewood — DATE OF BURIAL: July - 8 1930

20. UNDERTAKER: Herbert V Smith — ADDRESS: 421 - E - Pine

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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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