

OCT 28 1930

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

Do not use this space.

29021

1. PLACE OF DEATH

County Andrew
Township Benton
City London (No. St. Ward)

Registration District No. 9
Primary Registration District No. 5012a

File No. 14
Registered No. 9

2. FULL NAME

Louella Wallace

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Joseph Wallace

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 30 1870

7. AGE

YEARS 59 MONTHS 3 DAYS 27 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

London
(STATE OR COUNTRY) MO

10. NAME OF FATHER

Phillip Dragon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Hannah Trout

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Adams Co
Ohio

14.

INFORMANT Elizabeth Wallace
(Address) Savannah MO

15.

FILED Sept 30 1930 J. W. Lamm
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

Sept 27 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 1st, 1930, to Sept 27, 1930
that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 4:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of intestine with possible Carcinoma of Stomach
4 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

44 (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? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. P. Wilson, M. D.

, 19 (Address) Rosedale 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

DATE OF BURIAL

Bennett Lane

Sept 29 1930

20. UNDERTAKER

ADDRESS

E. C. Breit Savannah MO

N. B.—Every item of information furnished must be supported by a statement of the physician or other person who has attended the deceased. The statement must be in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

60-327

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

Every information should be carefully checked and corrected before being entered. Exact statement of cause of death is very important. REGISTRATION SHALL NOT BE COMPLETED UNTIL THEY ARE COMPLETELY AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Andrew
Township Benton
City _____ (No. _____)

Registration District No. 9
Primary Registration District No. 371.2a

File No. 14
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Louella Wallace
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
60 1 3 27 _____ _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(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)

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 _____
(Address)

15.

FILED sup 928 1930 J. W. Com
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1930

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 _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____
(duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.
, 19 _____ (Address)

*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 _____ DATE OF BURIAL _____

20. UNDERTAKER _____

ADDRESS _____

5-29021