

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.

JUL 27 1931

Dr. Ogden: - Please fill medical certificate and mail to
10996-a
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Hugh Davis
Hayti, Mo.
Do not use this space.
10996a
File No.
Registered No. 55
St. Ward)

1. PLACE OF DEATH
County Jennett Registration District No. 653
Township Hayti 4220 Primary Registration District No. 5864
City Jennett St. Ward)
2. FULL NAME Leura Wallace
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. — mo — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 5 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennett Mo
13. NAME Brattan Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennett
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT (ADDRESS) Don't know
18. BURIAL, CREMATION, OR REMOVAL PLACE Jennett Mo DATE March 29 1931
19. UNDERTAKER (ADDRESS) Jennett Mo
20. FILED 7-9- 1931 Jennett Mo Registrar.

1 MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1931
22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1931 to Mar. 28, 1931
I last saw her alive on Mar. 28, 1931. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Fred L. Ogden
(Address) Camden, Mo

