

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.

26962

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

File No.

Registered No. 8162

St.

Ward)

2. FULL NAME

(a) Residence, No. 224 Miller St., 23 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

Clarence Wallace

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

7-7-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

43

0

13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bag factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Labor

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)

Arkansas

13. NAME

Abc pretty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Arkansas

15. MAIDEN NAME

Emma Sam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Arkansas

17. INFORMANT (ADDRESS)

J. G. Creach

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Father Dickson

DATE 7-25-1931

19. UNDERTAKER (ADDRESS)

W. S. Wade, Undr. Co.

4202 Finney Ave.

20. FILED

JUL 25 1931

City Hospital #2

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7-20, 1931

22. I HEREBY CERTIFY, That I attended deceased from

6-23, 1931, to 7-20, 1931

I last saw him alive on 7-20, 1931. Death is said

to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Diffused peritonitis

Date of onset

10 days

Other contributory causes of importance:

Chronic Salpingitis

2 yrs

Gonococcus

Name of operation Salpingectomy Date of 6-20-31

When first confirmed diagnosis was made? Was there an autopsy? No.

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) Henry E. Hampton, M. D.

(Address)

City Hospital #2

