

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

Do not use this space.

35011

1. PLACE OF DEATH

County Marion
Township V
City Hannibal (No. X)

Registration District No. 547

Primary Registration District No. 3029

File No. _____

Registered No. 284

Ward 6

2. FULL NAME

(a) Residence No. 909 Union 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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 10 24

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Clarksville (STATE OR COUNTRY) Missouri

13. NAME John Wesley Wallace

14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Zerselda True

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) Ohio

17. INFORMANT Geo. L. Wallace (son) (ADDRESS) 319 Magnolia, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Olivet DATE Oct. 31, 1931

19. UNDERTAKER Wm. M. Smith (ADDRESS) 902 Bldg Hospital, Mo

20. FILED Oct 30, 1931 Chas. J. Williams Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1931, to Oct 28, 1931

I last saw him alive on Oct. 28, 1931 Death is said

to have occurred on the date stated above, at 5:00 p.m.

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

Arteriosclerosis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 19 _____

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? no

If so, specify _____

(Signed) A. B. Blue, M. D.

(Address) Hannibal 2100

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

