

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.

43196

1. PLACE OF DEATH

County Oregon
Township Washington
City _____ (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 285
St. _____ Ward _____

2. FULL NAME

Jos. Homer Wallace
(a) Residence No. State Hospital #3 Nevada Mo.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Anna Wallace

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Whites Co. Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Jos. C. Wallace
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co. Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth A. Chair
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lucy Co. Ark.
(STATE OR COUNTRY)

14. INFORMANT Anna Wallace
(Address) Camdenville, Mo.

15. 12-23-31 E. R. King
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1931, to Dec. 22, 1931
that I last saw him alive on 11, 1931, and that death occurred, on the date stated above, at 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
108 (duration) yrs. mos. 5 ds.
24 108
CONTRIBUTORY Lowered vitality associated
(SECONDARY) with mental depr. (duration) yrs. mos. 20 ds. +

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. O'Connell, M. D.
Dec. 22, 1931 (Address) Nevada, 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 Unionville, Mo. DATE OF BURIAL 12-24-31

20. UNDERTAKER Wyers Mortuary Nevada ADDRESS _____

