

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

Do not use this space.

4100

1. PLACE OF DEATH
 24 County Clay Registration District No. 203
 8 Township Smithville Primary Registration District No. 4122
 2 City Smithville (No. _____) St. _____ Ward _____

2. FULL NAME Wallace Lafayette Rule
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. _____
 Registered No. 4
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED? HUSBAND OF (OR) WIFE OF Ida Fox Rule

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-26-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>74</u>	<u>11</u>	<u>19</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rusted 12 yrs

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo. 1

MOTHER FATHER 13. NAME Bobivar Rule

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 2

MOTHER 15. MAIDEN NAME Eliza Ann Wills

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo. 1

17. INFORMANT Floyd Rule (ADDRESS) Liberty, Mo. R.F.A.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville, Mo. DATE 2-16-1932

19. UNDERTAKER (ADDRESS) Wells & Winters
Smithville, Mo.

20. FILED 2-16-1932 E. C. Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-1932

22. I HEREBY CERTIFY That I attended deceased from August 1928 to Feb 12 1932
 I last saw him alive on Feb 12 1932. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Car Coronary
Prostate Gland
510
162
 Other contributory causes of importance: _____
aged
 Name of operation Prostate Gland Date of _____
 What test confirmed diagnosis? opsy Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) W. J. Hill M. D.
 (Address) Smithville, Mo.

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

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.

MAR 22 1932

