

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

Do not use this space.

9574

1. PLACE OF DEATH

81 County Phelps Registration District No. 677
2 Township Rolla Primary Registration District No. 4403
4 City Rolla (No.) St. Ward

2. FULL NAME

Nettle Wallace
(a) Residence, No. 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

3. SEX Female 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 J. A. Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>60</u>	<u>3</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

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

10. Date deceased last worked at this occupation (month and year) Feb 1931 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Mo

13. NAME Ruby Duncan

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

15. MAIDEN NAME Martha Ragan

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

17. INFORMANT J. A. Wallace (ADDRESS) Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE March 2 1932

19. UNDERTAKER Hull & Sickler (ADDRESS) Rolla Mo.

20. FILED March 2 1932 Jos. F. Cress

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1932

22. I HEREBY CERTIFY That I attended deceased from Feb 17 1932 to Mar 1 1932

I last saw her alive on Mar 1 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Lobar pneumonia Date of onset 2-17-32

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Other contributory causes of importance: none

(1)

Name of operation Physical Date of

What test confirmed diagnosis? Physical 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 J. R. Mitchell (Signed) M. D. (Address) Rolla 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 24 1932

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