

JUN 22 1932

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

Do not use this space.

19150

1. PLACE OF DEATH

County St. Louis
Township Independence
City Kennett (No. _____)

Registration District No. 288
Primary Registration District No. 4172

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

2. FULL NAME

(a) Residence, No. 304 Anthony Ave. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 10 mos. ds. _____ How long in U. S., if of foreign birth? yrs. mos. ds. _____
(If nonresident, give city or town and State)

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 John R. Wallace
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1883
7. AGE YEARS 49 MONTHS 5 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Bollinger Co. (STATE OR COUNTRY) Missouri

13. NAME Daniel Bridgeman

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Catherine Harris

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

17. INFORMANT (ADDRESS) J. R. Wallace
403 Anthony Ave. - Kennett

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Ridge DATE 6/30, 1932

19. UNDERTAKER Private (ADDRESS) County Coffin

20. FILED 6/30, 1932 Registrar. Wheeler Davis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932, to June 30th, 1932
I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

23A
Pulmonary tuberculosis
23
Other contributory causes of importance: ①

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Wheeler Davis, M. D.
(Address) Kennett Mo

