

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

Do not use this space.

23083

File No. 3018
Registered No. 3018
St. _____ Ward _____

1. PLACE OF DEATH Jackson
County Jackson Registration District No. 399
Township Jackson Primary Registration District No. 1002
City Jackson (No. 1002)
2. FULL NAME Beth Lou Wallace
(a) Residence, No. 164 1/2 Penn St. 3 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 - 1932</u> | | |
| 7. AGE YEARS <u>0</u> | MONTHS <u>5</u> | DAYS <u>24</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ | | |
| 10. Date deceased last worked at this occupation (month and year) _____ | | 11. Total time (years) spent in this occupation _____ |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Mo</u> | | |
| 13. NAME <u>Orville Wallace</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Mo</u> | | |
| 15. MAIDEN NAME <u>Gene Trotter</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Mo</u> | | |
| 17. INFORMANT (ADDRESS) <u>Orville Wallace</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marysville Mo</u> DATE <u>8/2 32</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>W. O. Donnell Co</u> <u>325 1/2 Broadway</u> | | |
| 20. FILED <u>Aug 3 1932</u> <u>m. m. Crowe</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1932

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner _____, 19____, 19____
I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Resected id neck Date of onset _____
1864
1941 8/10

Other contributory causes of importance:
full powder

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? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury gun wound
Nature of injury chest

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) James Trotter M. D.
(Address) Jackson Mo

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.

