

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 701

Township.....

Primary Registration District No. 5002R

City.....

(No. ST. JOHNS HOSPITAL St. .... Ward)

File No. 42051

Registered No. 11175

**2. FULL NAME JACK N. WALLACE**

(a) Residence, No. 4555 SHENANDOAH St. 17 Ward.

(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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 5 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
16 6 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STUDENT 212N

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) FT. WORTH TEXAS

13. NAME JACKSON W. WALLACE

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

15. MAIDEN NAME KATHRYN DORBY

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

17. INFORMANT Kathryn Wallace (ADDRESS) 4555 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 12-17 1932

19. UNDERTAKER Mullan and Co. (ADDRESS) 5162 Belmont Blvd

20. FILED DEC 16 1932 Registrar J. W. Fernald

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1932

22. I, Dr. J. W. Fernald, HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 12 m.

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

..... Date of onset

Shock - Injury (Fractured skull) received in collision between two automobiles, second car stopped, in St. Louis, Mo.

Other contributory causes of importance:

212 Accident

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? Accident Date of injury 12/14, 1932

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Collision between two automobiles

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(signed) J. W. Fernald

Address Dr. J. W. Fernald

