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

Do not use this space.

File No. 275
Registered No. 27

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, Mo. (No. 3004 Olive Street, St. Ward)

11 5 9

2. FULL NAME William J. E. Wallace,
(a) Residence, No. 3004 Olive St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 yrs. 0 mos. 0 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	59	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracting 30 years
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter
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) ~~Germany~~ Unknown Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs. Rosina Wallace,
(ADDRESS) St. Joseph, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan. 9, 1933

19. UNDERTAKER Fleeman Funeral Home, Inc.,
(ADDRESS) St. Joseph, Mo.

20. FILED JAN 9 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932, to Jan 6, 1933
I last saw him alive on Jan 6, 1933. Death is said to have occurred on the date stated above, at 7:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis - Acute	1932
Other contributory causes of importance:	
Myocarditis - Acute	1933

Name of operation ..... Date of ..... No
What test confirmed diagnosis? ..... 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 .....
(Signed) Chas. E. W. D. Cyrus, M. D.
(Address) 204 Plaza, Phone Bldg.

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.

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

279 10 31 31