

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

Do not use this space.

1576

1. PLACE OF DEATH

County Jackson
Township Marion
City Tamias City (No. St. Louis #1202)

Registration District No. 399
Primary Registration District No. 1202

File No. _____
Registered No. 206
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1829 Highland Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 4 mos. 4 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>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-4-1900</u>		
7. AGE <u>32</u>	YEARS <u>10</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>35</u>		
10. Date deceased last worked at this occupation (month and year) <u>12-31-33</u>		
11. Total time (years) spent in this occupation <u>13</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palmyra Mo</u>		
13. NAME <u>Isabelle Hart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Isabelle Hart</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Respect Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Palmyra Mo</u> DATE <u>Jan 19 1934</u>		
19. UNDERTAKER (ADDRESS) <u>West of Littleton</u>		
20. FILED <u>1-19-33</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-20-1933, to 1-18-1933

I last saw him alive on 1-18-1933 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Terminal pneumonia
Lobar

Other contributory causes of importance:
Tuberculosis - Gonorrhea
Staphylococcus infection

Name of operation None Date of 1-14-33

What test confirmed diagnosis Lab. tests 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?
If so, specify _____ (Signed) J. P. Shipe M. D.
(Address) St. Louis #2

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.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

