

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

3484

1. PLACE OF DEATH

63

County

Township

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

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)

Jan 28, 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

10

OCCUPATION

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

Infant

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)

Lancaster, Mo.

FATHER

13. NAME

William J. Wallace

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

Lancaster, Mo.

MOTHER

15. MAIDEN NAME

Lilly Alice Limons

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

Lancaster, Mo.

17. INFORMANT (ADDRESS)

W. J. Wallace, Jr., Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Funeral Home

DATE

Feb 28, 1933

19. UNDERTAKER (ADDRESS)

L. G. Lockfider, Belle, Mo.

20. FILED

Mar 10, 1933, Madison, Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Jan 27, 1933, to Feb 7, 1933

I last saw him alive on Feb 27, 1933 Death is said

to have occurred on the date stated above, at 11 a. m.

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

Heart Failure

Date of onset

Other contributory causes of importance:

unknown

Name of operation

resection

Date of

What test confirmed diagnosis? Symptoms 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

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)

M. R. Russell, M. D.

(Address)

Belle, Mo.

