

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

Do not use this space.

7047

6

1. PLACE OF DEATH
 95 County St. Genevieve Registration District No. 780
 Township Jackson Primary Registration District No. 6028
 City..... (No.....,St.....Ward)

2. FULL NAME Pauline Wallace
 (a) Residence, No.....St.....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 Female 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 Benjamin Wallace
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
28 1 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) West Lebanon (STATE OR COUNTRY) Indiana

FATHER
 13. NAME Albert Hanson

14. BIRTHPLACE (CITY OR TOWN) West Lebanon (STATE OR COUNTRY) Indiana

MOTHER
 15. MAIDEN NAME Unknown

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

17. INFORMANT Kauston Gillman (ADDRESS) Triplett Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE West Lebanon Ind DATE Feb 22 1933

19. UNDERTAKER Lee S. Baskin (ADDRESS) St. Genevieve Mo

20. FILED Feb 20 1933 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1933 to Feb 20 1933
 I last saw her alive on Feb 20 1933 Death is said to have occurred on the date stated above, at 8:30 AM
 The principal cause of death and related causes of importance were as follows:

Multiple Neuritis.
95th
95B
 Other contributory causes of importance: Heart Cardiac Dilatation
 Date of onset 1-24-33
Feb 19 1933

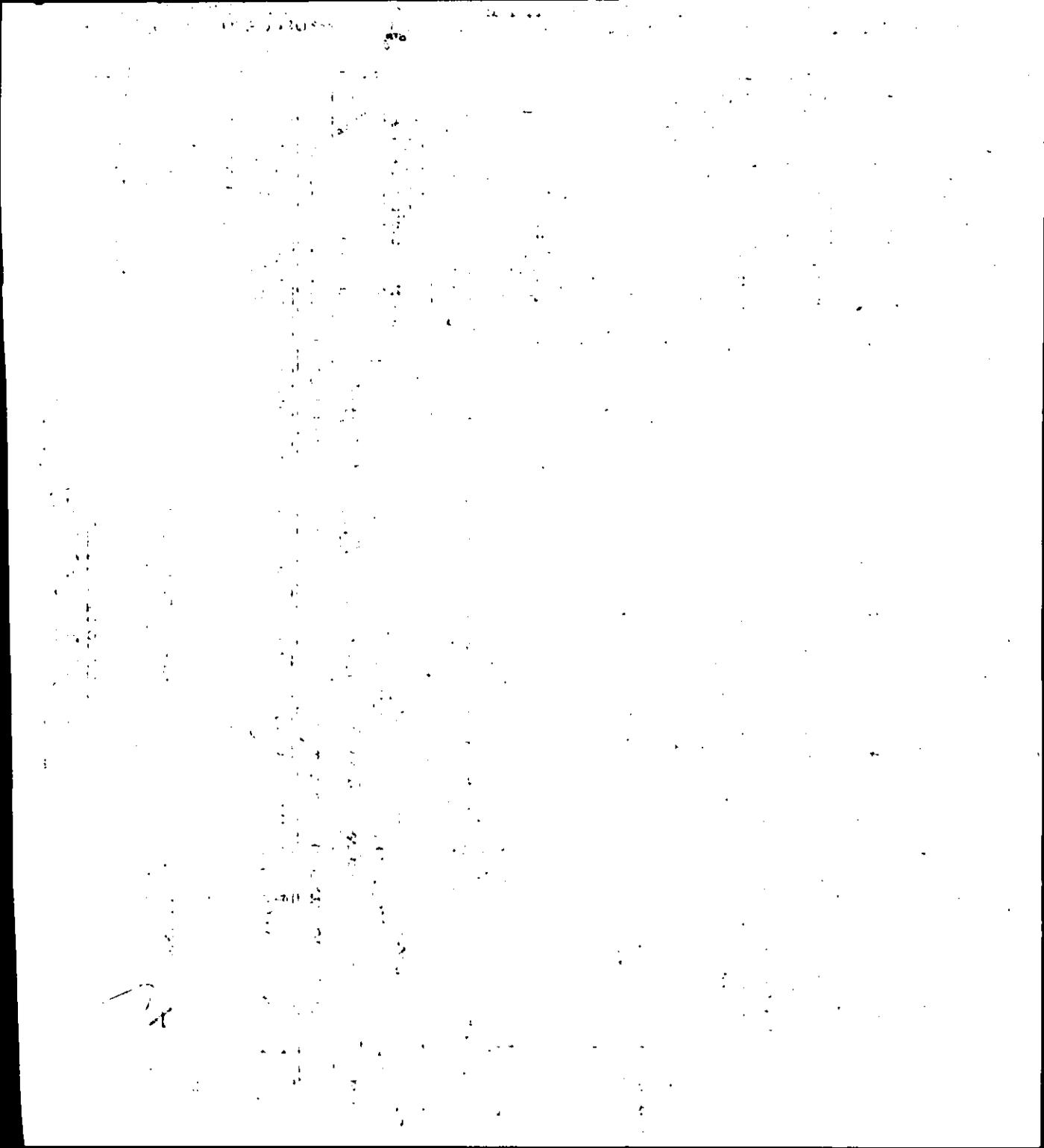
Name of operation..... Date of.....
 What test confirmed diagnosis? Sinical Was there an autopsy? NO

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) Arthur Seydell, M. D.
 (Address) St Genevieve 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.

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