

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

Do not use this space.

8538

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 2810 south 20 street)

File No.

Registered No. 256

St. Ward

2. FULL NAME Mae Wallace

(a) Residence, No. 2810 south 20

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 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

Fred D. Wallace

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

November 22, 1872

7. AGE

YEARS

60

MONTHS

3

DAYS

10

IF LESS than 1

day, ... hrs.

or min.

OCCUPATION

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

At Home

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)

Abangdon

Ill.

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 Fred D. Wallace

(ADDRESS) 2810 so. 20 st St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

mem. Park

PLACE St. Joseph Mo.

DATE March 4

1933

19. UNDERTAKER

(ADDRESS) 1802 Union St St. Joseph Mo.

20. FILE

MAR 3 1933

John R. Bender

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 2

19 33

22. I HEREBY CERTIFY, That I attended deceased from

Dec 21, 1932, to March 2, 1933

I last saw her alive on March 2, 1933. Death is said

to have occurred on the date stated above, at 9:10 P.m.

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

Chronic myocarditis

Date of onset

12-21-32

Other contributory causes of importance:

Asthma

12-20-30

Heart hypertension

12-20-30

auricular fibrillation

Name of operation None

Date of

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

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)

Thomas R. Remond

M. D.

(Address) 302 P.S. Bldg.

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

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.

