

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.

MAY 24 1933

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

Do not use this space.

14226

1. PLACE OF DEATH
87 County Ball Registration District No. 426
132 Township New London Primary Registration District No. 4432
City New London (No. St. Ward)

2. FULL NAME Thomas Wallace

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 don't know her name

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 7 17

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

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) Ross Island Ill

13. NAME William Wallace

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

15. MAIDEN NAME Elizabeth Richmond

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

17. INFORMANT Mrs Jennie Alexander
(ADDRESS) New London Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barney DATE 4/14 1933

19. UNDERTAKER (ADDRESS)

20. FILED 4-14 1933 Sylvester Raper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5 1933, to Apr 12 1933
I last saw him alive on Apr 12 1933 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Kidney Stones
Date of onset 12/17

Other contributory causes of importance:
134

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) W J Hendrix M. D.
(Address) New London Mo

