

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

Do not use this space.

15592

**1. PLACE OF DEATH**

1 County Adair Registration District No. 1039 File No. 7  
Township Marrow Primary Registration District No. 5010 Registered No. 7  
City (No. ) St. Ward

**2. FULL NAME**

Henry Wallace  
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 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

6. (DATE OF BIRTH (MONTH, DAY, AND YEAR)) Nov 17 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 5 25

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

MOTHER FATHER 13. NAME Robert Wallace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't no

15. MAIDEN NAME Dorothy Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't no

17. INFORMANT Rosa Hoffmann  
(ADDRESS) Younger

18. BURIAL, CREMATION, OR REMOVAL PLACE North Cemetery DATE May 14 1933

19. UNDERTAKER (ADDRESS) Llewellyn  
Younger

20. FILED 5/14 1933 J. Clyde Myers  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1931 to May 13 1933

I last saw him alive on April 30 1933 Death is said to have occurred on the date stated above, at 4 a.m.

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

Chronic Valvular Heart Disease  
9217 9217  
Other contributory causes of importance: 3 year algo

Name of operation None Date of...  
What test confirmed diagnosis? Was there an autopsy?

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) H. P. Garrison M. D.  
(Address) Younger 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.

WHITE COPY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 20 1933

