

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

Do not fill in this space.

B. N.

1. PLACE OF DEATH

County *Jackson* Registration District No. *399*
 Township *Knox* Primary Registration District No. *1002*
 City *K. B. Mo. No. 3030 8-2nd* (No. *3030 8-2nd*) St. _____ Ward _____

File No. *3340*
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *3030 8-2nd* 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 *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 *Hornum Wallace*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan-8-1892*

7. AGE YEARS *41* MONTHS *7* DAYS *11* If LESS than 1 day, _____ hrs. or _____ min.

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

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) *Kansas*

13. NAME *Henry S. Wallace*

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

15. MAIDEN NAME *Arthur Sirzah*

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

17. INFORMANT *Hornum M. Wallace* (ADDRESS) *3030 East 2nd, St. J.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Keokuk, Mo. 8-22-33* DATE

19. UNDERTAKER *Mrs. C. E. Forester* (ADDRESS) *118 Brooklyn Ave*

20. FILED *21* 19*33* *M. H. Grand* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 19* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. *Provey* alive on _____, 19____. Death is said to have occurred on the date stated above, at *9:0 P.M.*

The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis Date of onset _____

Other contributory causes of importance:
Chronic Myocarditis

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? _____

If so, specify _____
 (Signed) *J. H. O'Brien*, M. D.
 (Address) *Knox City Mo*

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.

OCT 7 1933

MOTHER 2
 FATHER 2
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