

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

Do not use this space.

1. PLACE OF DEATH

6.4 County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 3529
(No. 1003 Hill St.)

File No. 20253
Registered No. 281
St. _____ Ward _____

2. FULL NAME John W. Wallace

(a) Residence, No. 1003 Hill St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Retired</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 5th. 1892</u>		
7. AGE <u>81</u>	YEARS <u>1</u>	MONTHS <u>0</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	13. NAME <u>John W. Wallace</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	15. MAIDEN NAME <u>Mary Ralfleisch</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	17. INFORMANT <u>Dr. H. Gilman</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Met. Olivet Ch.</u> DATE <u>Sept 8th</u> 19 <u>33</u>	
19. UNDERTAKER <u>James O. Bonnell</u> (ADDRESS) <u>Hannibal, Mo.</u>	
20. FILED <u>Sept 16 1933</u> <u>R. St. Dobbs</u> Registrar	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5th 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1933 to Sept 5 1933
I last saw him alive on Sept 5 1933 Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
(ret)
Chronic suppurative
glandular disease
Other contributory causes of importance:
Name of operation obv 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? _____
If so, specify _____
(Signed) J. B. Beckman M. D.
(Address) W. B. Beckman

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.

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