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.

NOV 10 1933

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

Do not use this space.
336194
9,150 acre

1. PLACE OF DEATH
58 County Linn — Registration District No. 500 — File No.
Township Jefferson — Primary Registration District No. 5665 — Registered No. 13
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Robert Thomas Wallace

(a) Residence, No. ..... St., ... 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edith Peters Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 21, 1873

7. AGE: YEARS 60 — MONTHS 9 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Cutler, Illinois

FATHER
13. NAME: Andrew Y Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbus, South Carolina

MOTHER
15. MAIDEN NAME: Ellen McClure
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cutler, Illinois

17. INFORMANT (ADDRESS): Mary Buskin, Laclede Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laclede DATE Oct. 31, 1933

19. UNDERTAKER (ADDRESS): W. G. Thorne, Laclede Mo

20. FILED 10/30, 1933 J. W. Burke, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933 to Oct 29, 1933
I last saw him alive on Oct 24, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	No History
23A	

Other contributory causes of importance:

Name of operation: No. Date of
What test confirmed diagnosis? Signs. 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) J. W. Burke, M. D.
(Address) Laclede Mo