

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 6 1934

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

33384-11  
Do not use this space.

35867

## 1. PLACE OF DEATH

County CallawayRegistration District No. 213Township Halt SummitPrimary Registration District No. 5152BCity Halt Summit (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John W. 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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. - 1848

7. AGE

YEARS 85MONTHS 9DAYS 5

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Cedar City, Mo.  
(STATE OR COUNTRY)13. NAME John Walker Wallace14. BIRTHPLACE (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)15. MAIDEN NAME Susan Maxwell16. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)17. INFORMANT Mrs. H. L. Dake  
(ADDRESS) Halt Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Halt Summit DATE Oct. 3, 193319. UNDERTAKER Ray Holt  
(ADDRESS) Halt Summit, Mo.20. FILED 1027/33 R. V. Bedford  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Cerebral disease  
chronic valvular  
arteriosclerosis

Date of onset \_\_\_\_\_

Other contributory causes of importance Senility

Name of operation \_\_\_\_\_ 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) R. V. Bedford

M. D.

(Address) J. C. And

