

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.

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

Do not use this space.

35912

1. PLACE OF DEATH
County Cassell Registration District No. 185
Township Cassell Primary Registration District No. 311
City Cassell (No. 311 March 185 Sloan St. 1st Ward)
2. FULL NAME Margaret E. Wallace
(a) Residence, No. 311 N. Sloan St. 1st Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-12-22
7. AGE YEARS 11 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. In School
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) Cassell (STATE OR COUNTRY) MO

13. NAME Rella Wallace

14. BIRTHPLACE (CITY OR TOWN) Cassell (STATE OR COUNTRY) MO

15. MAIDEN NAME Louise Loney

16. BIRTHPLACE (CITY OR TOWN) Cassell (STATE OR COUNTRY) MO

17. INFORMANT Laura A. Wallace (ADDRESS) Cassell MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE 11-25 1933

19. UNDERTAKER Wells Funeral Home (ADDRESS) Cassell MO

20. FILED 11-24 1933 Mr. E. E. Fambler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1932, to Nov. 23 1933.
I last saw her alive on Nov. 23 1933. Death is said to have occurred on the date stated above, at 6:30 A.

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

Stroke to brain
Amalgam filling
infection.

115A

Other contributory causes of importance
None

Name of operation
None

Date of
Nov. 12-33

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, 1933

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) R. H. Smith M. D.

(Address) Cassell, MO

1801

1802

1803