MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Oregon — Registration District No. 632 — File No. 2040 a
Township Shoyer — Primary Registration District No. 5834 — Registered No. 7
City — (No. ..... St. ..... Ward)

2. FULL NAME Hershal Lee Wallace
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. 2 mos. 19 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): Baby Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Baby ~~Single~~
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 12, 1933
7. AGE — YEARS: — MONTHS: 11 — DAYS: 28 — 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.: Baby
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): Anderson McDonald Co. Mo

FATHER
13. NAME: Ernie Lee Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Loulton County Arkansas

MOTHER
15. MAIDEN NAME: Minnie Mae Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pointset County Arkansas

17. INFORMANT (ADDRESS): Maternal Grandmother Mammoth Spring Ark
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rosehill Mo DATE Jan 20 1934
19. UNDERTAKER (ADDRESS): None in charge
20. FILED Feb. 16, 1934 George Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 19, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1934, to Jan 18, 1934
I last saw him alive on Jan 14 1934. Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:
Streptococcus septicaemia from burn teapoon
181
36
Other contributory causes of importance:
30
Date of onset
Name of operation: None — Date of
What test confirmed diagnosis? None — Was there an autopsy? No

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) Mitchell Blaine, M. D.
(Address) Mammoth Spring Ark

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.