

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.

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 Jackson Registration District No. 889  
Township          Primary Registration District No.           
City Kansas City (No. 2113 East, 34th Street)

File No. 5033  
Registered No. 760  
St.          Ward         

2. FULL NAME Justin W. Wallace

(a) Residence, No. Bloodwater 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. 2 mos.          ds.          How long in U. S., if of foreign birth? yrs.          mos.          ds.         

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 7th, 1865</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>5</u>
		DAYS
		<u>7</u>
IF LESS than 1 day, .....hrs. or .....min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>131 99 C</u>	
	10. Date deceased last worked at this occupation (month and year) <u>99</u>	
11. Total time (years) spent in this occupation <u>        </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER / FATHER	13. NAME <u>No Data</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>	
	15. MAIDEN NAME <u>No Data</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>	
17. INFORMANT <u>Mrs. C. J. Meyer</u> (ADDRESS) <u>2113 East, 34th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Lamine Co.</u> DATE <u>2/16/34</u>		
19. UNDERTAKER <u>J. J. Meyers</u> (ADDRESS) <u>City</u>		
20. FILED <u>2/15</u> 19 <u>34</u> M. M. <u>Crowe</u> Registrar.		

(4) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18/34 19         

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Feb, 19        , 19        .  
I          saw h.          alive on         , 19        . Death is said to have occurred on the date stated above, at 3:45 P.M.  
The principal cause of death and related causes of importance were as follows:  
Myocardial insufficiency  
Chronic Myocarditis  
Chronic nephritis  
Arteriosclerosis  
Date of onset         

Other contributory causes of importance         

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury         , 19          
Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury         

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) J. J. Bennett, M. D.  
(Address) 1318 Bryant Bldg.

