

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 LawrenceWard 24th St. (N.W.)City Lawrence (No.)Registration District No. 47 DPrimary Registration District No. 6683File No. 5564Registered No. 11St. Ward 2. FULL NAME Lucy L. 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. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Emm Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-1-08</u>		
7. AGE	YEARS	MONTHS
	<u>25</u>	<u>2</u>
		DAYS
		<u>5</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) Bike Co., Mo.
(STATE OR COUNTRY)13. NAME Elmer B. Henderson14. BIRTHPLACE (CITY OR TOWN) Bike Co., Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Annie B. Woods16. BIRTHPLACE (CITY OR TOWN) Bike Co., Mo.
(STATE OR COUNTRY)17. INFORMANT Augusta Wallace
(ADDRESS) Cyrene, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Burial DATE July 7, 193419. UNDERTAKER Leo B. Orr
(ADDRESS) Lawrence, Mo.20. FILED 2/1, 1934 P.A. Holmes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6, 193422. I HEREBY CERTIFY, That I attended deceased from 12/18, 1933, to 2/6, 1934I last saw him alive on 2/6, 1934. Death is saidto have occurred on the date stated above, at 8:00 a.m.

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

Pulmonary tuberculosis Date of onset 193323A 173Other contributory causes of importance: Name of operation none Date of What test confirmed diagnosis? Sab. 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? noIf so, specify (Signed) J. B. Stokes, M. D.(Address) Lawrence, Mo.

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.

THIS IS A PERMANENT RECORD

