

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.

AUG 14 1934

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

Do not use this space.

19773

1. PLACE OF DEATH

County *Carter*
Township *Valley*
City *(No)*

Registration District No. *1030*
Primary Registration District No. *5-206*

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. *Joseph Wallace* 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 <i>m.</i>	4. COLOR OR RACE <i>w.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Matilda Wallace</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 1, 1883</i>		
7. AGE <i>5-1</i>	YEARS <i>5-</i>	MONTHS <i>15-</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>all his life</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Carter Co. Mo.*
(STATE OR COUNTRY)

13. NAME *Burrows Wallace*
14. BIRTHPLACE (CITY OR TOWN) *Tenn*
(STATE OR COUNTRY)

15. MAIDEN NAME *Matilda Townsend*
16. BIRTHPLACE (CITY OR TOWN) *Tenn*
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Lee Wallace*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Valley Cem.* DATE *6-17-1934*

19. UNDERTAKER (ADDRESS) *Had none*

20. FILED *8-10* 19*34* *Bladys Harris*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 16, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *June 14, 1934*, to *June 16, 1934*

I last saw him alive on *June 14, 1934*. Death is said

to have occurred on the date stated above, at *4:30 P. M.*

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

Cancer of Stomach,
4/6/33
Date of onset *not known*

Other contributory causes of importance:

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) *M. Collins* M. D.

(Address) *Ten Burrows*

