

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence Registration District No. 15
 Township Springriver Primary Registration District No. 67
 City (No.) St. Ward

File No. 21024
 Registered No.

2. FULL NAME Eugene Wallace

(a) Residence, No. 36 College St Aurora Mo. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 11 yrs. 5 mos. 0 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 22-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 5 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 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) Aurora (STATE OR COUNTRY) Missouri

13. NAME Fogel E Wallace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Maggie Leitle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Fogel E Wallace (ADDRESS) 36 College St Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE June 25 1934

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED June 3, 1934 A. J. Reising Registrar.
 H. R. 21.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from after death, 1934, to 1934, 1934

I last saw h. after death alive on 1934 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

accidental drowning Date of onset

Other contributory causes of importance:

Name of operation 1934 Date of 1934
 What test confirmed diagnosis? 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 1934

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 1934
 Nature of injury 1934

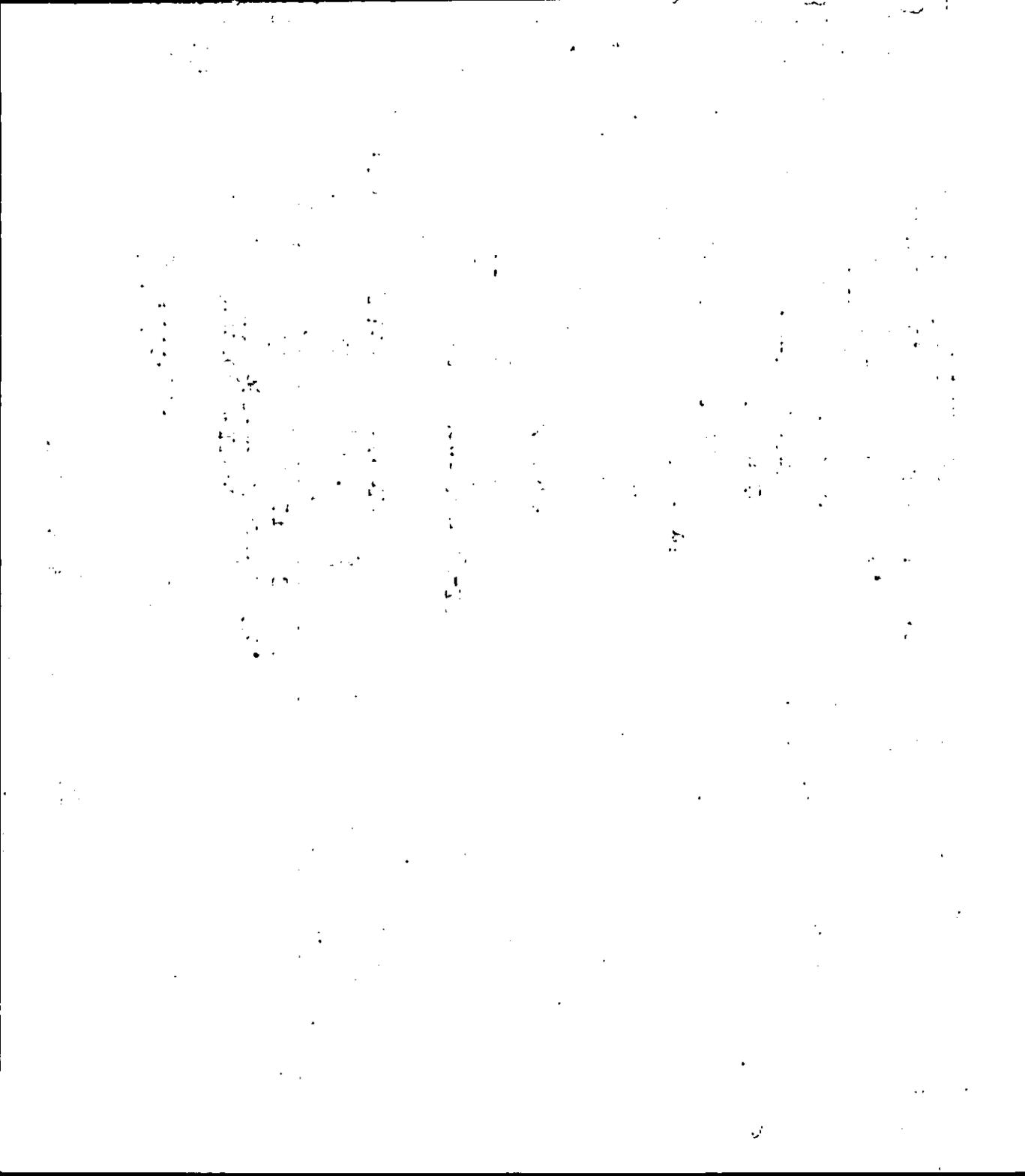
24. Was disease or injury in any way related to occupation of deceased?
 If so, specify 1934

(Signed) Thomas King Crooner, M.D.
 (Address) Aurora Mo.

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.

JUL 13 1934



#2
Lawrence

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaughlin, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Eugene Wallace
Who died at _____ on June 22 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, ~~married~~, ~~widowed~~ or ~~divorced~~: _____

Date of birth _____ Age: Years 11 Months 5 Days 0

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: accidental drowning 171

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/22, 1934
Where did injury occur? Spring river, near Kansas mo
(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 stepped off in water over his head couldn't swim
Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
Name of physician J. Smith King, Carver of Lawrence Co
Address of physician Kansas mo.
Signature of Registrar A. J. Rucy

This information is sought for statistical purposes only and in order that the official report may be complete and correct, please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 475

Very truly yours;

E. T. McLaughlin M.D.

Primary Reg. Dist. No. 5639

Special Agent. *E.C.*