

NOV 10 1934

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

Do not use this space.

37034

1. PLACE OF DEATH

County Palk Registration District No. 710
Township Mooney Primary Registration District No. 5939
City (No) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Melinda Ellen Wallis
(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Jas. Wallis.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 7 12

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

12. BIRTHPLACE (CITY OR TOWN) Palk County, Mo.
(STATE OR COUNTRY) Missouri

13. NAME Henry S. Proggins.

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

15. MAIDEN NAME Rebecca Derabsett

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

17. INFORMANT Mrs. D. M. Smith
(ADDRESS) Pleasant Hope, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boughton DATE Oct. 28, 1934

19. UNDERTAKER Ballard P. Lewis and Co.
(ADDRESS) Pleasant Hope, Mo.

20. FILED Oct 31, 1934 Estelle Benton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934 to Oct 24, 1934
I last saw him alive on Oct 24, 1934 Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Cancer on the Liver Date of onset _____

Other contributory causes of importance: 46

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 NO Albryght _____, M. D.
(Signed) Pleasant Hope Mo
(Address)

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.

