

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.

DEC 17 1934

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

Do not use this space.

38992

1. PLACE OF DEATH

34 County Douglas
Township Ande
City Ande (No.)

Registration District No. 272
Primary Registration District No. 5380

File No.
Registered No. 32
St. Ward

2. FULL NAME

Martha E. Wallace

(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

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>Streeter S. Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 10 - 1863</u>		
7. AGE <u>68</u>	YEARS <u>9</u>	MONTHS <u>11</u>
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) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gen.</u>		
13. NAME <u>James Buchanan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>		
15. MAIDEN NAME <u>Secreta West</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gen.</u>		
17. INFORMANT (ADDRESS) <u>E. O. Wallace and</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wallace Cemetery</u> DATE <u>11-26</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>C. L. Chisholm</u>		
20. FILED <u>12-5</u> 19 <u>34</u> <u>Henry Burke</u> Registrar		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to Nov 21, 1934
I last saw her alive on Nov 20, 1934. Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:
acute myocardial failure
131
736
1/3
Other contributory causes of importance:
chronic myocarditis
chronic nephritis
Date of onset Nov 21/34
Don't know

Name of operation Autopsy + Exam Date of
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 , 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? no
If so, specify
(Signed) R. M. Norman M. D.
(Address) Ande Mo

