

JAN 29 1935

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

Do not use this space.

43989

1. PLACE OF DEATH

County Phelps
Township Reese
City Reese

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 135
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. Mo. 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>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 21 1915</u>		
7. AGE	YEARS	MONTHS
	<u>19</u>	<u>2</u>
		<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer (bookkeeper) etc. <u>U.S. b.b.b.</u>		
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) (STATE OR COUNTRY) <u>St. Louis</u>		
13. NAME <u>William W. Wallace</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Maudie M. Nelson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>		
17. INFORMANT <u>John E. Wallace</u>		
(ADDRESS) <u>St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	TIME
<u>St. Louis</u>	<u>Dec. 29</u>	<u>1934</u>
19. UNDERTAKER <u>W. J. & Son</u>		
(ADDRESS) <u>Green</u>		
20. FILED <u>Dec 29, 1934</u> <u>Jos. F. Ayers</u>		
Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1934, to Dec. 29, 1934.
I last saw him alive on Dec. 28, 1934. Death is said to have occurred on the date stated above, at 11:35 a.m.
The principal cause of death and related causes of importance were as follows:
Fragrantious Effendi
12/18
12/18
Other contributory causes of importance: _____

Name of operation Effendelony 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) Dr. J. M. McFarland, M. D.
(Address) Rolla, Mo.

