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.

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

FEB 25 1935

Do not use this space.

1. PLACE OF DEATH
County GREENE — Registration District No. 317 — File No. 879
Township PONDCREEK — Primary Registration District No. 5437 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME ANNA WALLACE
(a) Residence, No. COUNTRY St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: WIFE OF BUD WALLACE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG. 11 1857

7. AGE: YEARS 77 — MONTHS 3 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED HOUSE WIFE
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): MISSOURI

FATHER
13. NAME: ALEXANDER THOMPSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): TENNESSEE

MOTHER
15. MAIDEN NAME: SARAH RAINEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K.Y.

17. INFORMANT (ADDRESS): Gertrude Wade, Republic Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE WADES CHAPEL DATE JAN. 30 1935

19. UNDERTAKER (ADDRESS): R. E. Thompson, Republic Mo

20. FILED 1/30 1935 Mrs Bertha Nance, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1934, to Jan. 28, 1935
I last saw her alive on Jan 28, 1935. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Valvular Lesion of the Heart — Date of onset

Other contributory causes of importance:

Name of operation ..... 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) U. S. French, M. D.
(Address) Republic Mo