

FEB 19 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 1002Township KewPrimary Registration District No. 1002City Kansas City(No. 3839 Montgall Avenue)File No. 1586Registered No. 452St. 452 Ward

2. FULL NAME

JOHN W. WALLACE(a) Residence, No. 3839 Montgall Avenue,
(Usual place of abode)

Ward.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMary A. Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

September 17, 1855

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

79410

OCCUPATION

8. Trade, profession, or particular
kind of work done, as splanner,
sawyer, bookkeeper, etc.Farmer9. 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)Illinois

MOTHER FATHER

13. NAME

Daniel Wallace14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)No information

15. MAIDEN NAME

?Blackledge16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio17. INFORMANT
(ADDRESS)Miss Ellis Wallace
3839 Montgall

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Bur. DATE Jan. 29, 193519. UNDERTAKER
(ADDRESS)Stine & Mc Clure
3835 Buchanan Place

20. FILED

1-29-35 M. M. Crowder
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jany. 271935

22. I HEREBY CERTIFY That I attended deceased from

Dec. 101934, to Jan. 271935I last saw him alive on Jan. 27, 1935. Death is saidto have occurred on the date stated above, at 8 P. m.

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

Date of onset

Bronchial pneumonia
1070

Other contributory causes of importance:

Smile

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

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)

(Address)

James J. Ferguson
101 N. 10th St. Bk. Bldg. M. D.

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.

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Wm. L. ...

1/2 ...