

APR 2 1935

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

Do not use this space.

7794

1. PLACE OF DEATH

104

County

St. Louis

Township

Cass

Registration District No.

846

Primary Registration District No.

6111

File No.

Registered No. 1

City

(No.

St.

Ward)

2. FULL NAME

George Wallace

(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

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 OF

Ritter Wallace

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

X 6-7-1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

X 65

X 8

X 20

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Common Laborer.

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)

1-30

11. Total time (years)
spent in this
occupation

2.5

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)X Santa James
Missouri

FATHER

13. NAME

X George Wallace

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

unknown

MOTHER

15. MAIDEN NAME

X Lucinda Brock

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

unknown

17. INFORMANT
(ADDRESS)Mason Keithley
Clever R. 2.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union Ridge Cemetery

DATE

2-28-

1935

19. UNDERTAKER
(ADDRESS)Wilbur Maples
Clever, Mo.

20. FILED

3-9-

19.35

A. G. Jensen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27-1935

22. I HEREBY CERTIFY, That I attended deceased from
Feb. 24-1935, to Feb. 27-1935

I last saw him alive on Feb 24-1935. Death is said

to have occurred on the date stated above, at 8 P. M.

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

Bright's Disease.

Date of onset
1-31

Other contributory causes of importance:

Name of operation none Date of operation
What test confirmed diagnosis? Clinical Report 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 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify

(Signed) W. L. Terr, M. D.

(Address) Clever

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.

MAY 1 4 1935

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

finished
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County StoneRegistration District No. 846

Township

Primary Registration District No. 6111

City

(No.)

File No.

Registered No. 1

St. Ward

2. FULL NAME

(a) Residence, No. George Wallace 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

m

4. COLOR OR RACE

w5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)m5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.65820

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)MOTHER
FATHER

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER
(ADDRESS)20. FILED 3-9-35 H. G. Sumner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw him alive on, 19. Death is said

to have occurred on the date stated above, at m.

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

Bright's Disease
Castle, 1152

Date of onset

Jan 1-35

Other contributory causes of importance:

Badly infected tonsils1924

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, 19Where 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) , M. D.

(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 1 1984

hltt-s