

MAY 16 1935

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

Do not use this space.

13541

## 1. PLACE OF DEATH

County Marion  
 Township Jefferson  
 City Belle (No. 1)

Registration District No. 541  
 Primary Registration District No. 4321

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle, Mo

13. NAME Barney M. Wallace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle, Mo

15. MAIDEN NAME Josephine Dessieux

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage, Mo

17. INFORMANT E. H. Wallace  
 (ADDRESS) Belle, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty, Mo DATE Apr 25, 1935

19. UNDERTAKER L. L. Lusk  
 (ADDRESS) Belle, Mo

20. FILED May 10, 1935 Leanova Johnson  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to April 23, 1935

I first saw him alive on April 23, 1935. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Carcinoma, Gastric Date of onset 1 year

Other contributory causes of importance hypostatic pneumonia 2 day

Name of operation none Date of ✓

What test confirmed diagnosis? physical 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 1935

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 no

(Signed) Frank O. Anderson, M. D.

(Address) Belle, Mo

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.

