

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

Do not use this space.

19496

1. PLACE OF DEATH

County Greene
Township North Campbell
City Springfield (No. Route)

Registration District No. 318
Primary Registration District No. 5439

File No. _____
Registered No. 196
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Route 2 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 <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wella Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 - 1868</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>14</u>	DAYS <u>20</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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)
Mo

13. NAME James Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo
15. MAIDEN NAME Englem Chuliff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo
17. INFORMANT (ADDRESS)
May J. Francis
Marshfield Mo

18. BURIAL, CREMATION, OR REMOVAL
Marshfield DATE June 11, 1935

19. UNDERTAKER (ADDRESS)
Wm. Mahan
Springfield Mo

20. FILED 6-11-1935 Ralph W. Harrison
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1935
22. HEREBY CERTIFY That I attended deceased from June 10 1935 to June 10 1935
I last saw him alive on June 9 1935 Death is said to have occurred on the date stated above, at 8:50 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 6/9/35

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Arthur D. Knapp M. D.
(Address) 45 W. E. Campbell St.
Springfield, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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220
25