

JUL 2 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON Registration District No. 399 File No. 19363  
Township RAW Primary Registration District No. 1002 Registered No. 2512  
City KANSAS CITY (No. ADMIRAL ARMS APTS-1310-ADMIRAL Ward)

2. FULL NAME DINNER B WALLIS  
(a) Residence, No. 1310-ADMIRAL BLYD St., Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</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>MRS. ALICE B WALLIS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV-26-1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>6</u>
	DAYS <u>21</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>REAL ESTATE</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) <u>LYCOMING COUNTY PENNSYLVANIA</u>		
MOTHER	13. NAME <u>JACOB C. WALLIS</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>PENNSYLVANIA</u>	
	15. MAIDEN NAME <u>MARY DIMM</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>PENNSYLVANIA</u>	
17. INFORMANT (ADDRESS) <u>MRS. ALICE B WALLIS 1310-ADMIRAL BLYD</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CREIGHTON Mo.</u> DATE <u>JUNE 21</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>D.W. NEWCOMER'S SONS 2111-EAST-9TH ST</u>		
20. FILED <u>6-19-35</u> m. m. <u>Crown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 17 1935

22. I HEREBY CERTIFY That I attended/deceased from June 10 1935 to June 17 1935  
last saw him alive on 6/13/35 19... Death is said to have occurred on the date stated above, at 10:00 A.M.  
The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation  
myocardial degeneration  
Arteriosclerosis  
decompensation  
Other contributory causes of importance:  
Hypertension  
interstitial

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
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? no 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?  
If so, specify \_\_\_\_\_  
(Signed) M. K. ... M. D.  
(Address) 432 ... Bldg

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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3306. Woodland Ave

432- Ridge Bldg 913 70000

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