

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

Do not use this space.

JUL 23 1935

20110

1. PLACE OF DEATH Seneca
 County Seneca Registration District No. 411 File No. _____
 Township John Primary Registration District No. 2002 Registered No. _____
 City St. Johns Hospital (No. _____) St. _____ Ward _____
 2. FULL NAME Fay Leone Wallace
 (a) Residence, No. St. Johns Hosp. St. _____ Ward. Seneca, Mo.
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Forest Wallace
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1905
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
30 6 8

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1935
 22. I HEREBY CERTIFY, (that I attended deceased from June 7 1935 to June 8 1935, 1935)
 I last saw him alive on June 8 1935 Death is said to have occurred on the date stated above, at 3:00 a.m.
 The principal cause of death and related causes of importance were as follows:

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

Date of onset

Eclampsia
Suspected Pregnancy
 Other contributory causes of importance _____
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 13. NAME Charley Patton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Ethel Hill
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Charley Patton
 (ADDRESS) Seneca Mo

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 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca, Mo. DATE June 9 1935
 19. UNDERTAKER Norman Mitchell
 (ADDRESS) Seneca Mo
 20. FILED 6-17-35 Ed E. James
 Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. Mitchell James, M. D.
 (Address) Seneca 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.

