SEP 19 1935

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

Do not use this space.

26042

1. PLACE OF DEATH
County Dent — Registration District No. 266
Township — Primary Registration District No. 4164
City Salem No. — St. — Ward)
File No. — Registered No. 33

2. FULL NAME John F. 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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1865

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	1	21	

OCCUPATION

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) Phelps Co Mo.

FATHER

13. NAME James R Wallace

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

MOTHER

15. MAIDEN NAME Mandy Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo.

17. INFORMANT (ADDRESS) Ida Briscoe Salem Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem DATE 8/15 1935

19. UNDERTAKER N D Hobson
(ADDRESS) Salem Mo.

20. FILED 8/15/1935 H. E. Rudd, Co. Clk.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9th 1935, to Aug 14 1935. I last saw him alive on Aug 14 1935. Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (Uremic) Chronic	
Uremic Senility	

Other contributory causes of importance:

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, 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) O. D. Tucker, M. D.
(Address) Salem 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.