

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.

NOV 21 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32463

1. PLACE OF DEATH

County GreeneRegistration District No. 324Township H. RobinsonPrimary Registration District No. 3449City Willard (Not a city)

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Willard R.D. No. 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Child single

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

✓

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

Feb 5 - 1932

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

385

OCCUPATION

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

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

In home

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)

Missouri

FATHER

13. NAME

John E. Wallace

MOTHER

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

Mo.

15. MAIDEN NAME

Melvina Ann Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ark

17. INFORMANT (ADDRESS)

Melvina Ann Wallace

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cherry Creek Cemetery

DATE

Oct 11, 1935

19. UNDERTAKER (ADDRESS)

J. T. S. Longner & Co., Springfield, Mo.

20. FILED

10-101935Mrs. E. Freeman

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 193522. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1935, to Oct 10, 1935I last saw him alive on Oct 10, 1935 Death is saidto have occurred on the date stated above, at 12:30 P.M.

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

Dysentery

Date of onset

Oct 91935

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) W. H. Nicholas, M. D.(Address) Brighton Mo. R. 1

