

FEB 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1313

1. PLACE OF DEATH

County JacksonTownship KawCity Kansas City

Registration District No.

Primary Registration District No.

(No. Research Hospital)

File No.

Registered No.

St. Ward)

2. FULL NAME

Lennie May Wallace

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Brookfield, Missouri

(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)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFSidney Wallace

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

December 1, 1878

7. AGE

YEARS

57

MONTHS

1

DAYS

8IF LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At home9. 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)Missouri

FATHER

13. NAME

R. T. Chrisman14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Iowa

MOTHER

15. MAIDEN NAME

Louisa Ogle16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

17. INFORMANT

(ADDRESS)

W. L. ChrismanBrookfield, Missouri

18. BURIAL

PLACE

Brookfield, Mo

DATE

January 11, 1936

19. UNDERTAKER

(ADDRESS)

Stine & McClure3235 Gillham Plaza

20. FILED

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MEDICAL CERTIFICATE OF DEATH

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

January 91936

22. I HEREBY CERTIFY, That I attended deceased from

Dec 151935to Jan 91936I last saw him alive on Jan 8, 1936. Death is saidto have occurred on the date stated above, at 6:45 A m.

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

Date of onset

Retroperitoneal Sarcoma

Other contributory causes of importance

Name of operation Exploratory Laparotomy Date of operation Jan 8, 1936What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) Sarah L. Harris

M. D.

(Address) 934 Apple Bldg

Registrar

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.

at ~~the~~ about 11 AM
research