

Dr. Mc Pheters

APR 15 1936

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

Do not use this space.

9520

1. PLACE OF DEATH

County Butler
Township Ash Hill
City (No.)

Registration District No. 90
Primary Registration District No. 5134A

File No.
Registered No. 8
St. Ward

2. FULL NAME Charles W. Wallis

(a) Residence, No. Butler County, Mo. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ordained Baptist
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) Hopkinsville, Kentucky

MOTHER FATHER 13. NAME Rev. Jesse Wallis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkinsville, Kentucky

MOTHER 15. MAIDEN NAME Retsey Haynie

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

17. INFORMANT Mrs. Cecile Priest (da.)
(ADDRESS) Poplar Bluff, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Duncan cemetery DATE March 23, 1936
Wayne County, Mo.

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED 3/24 1936 Nora J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-21-36, 19 , to 3-21-36, 19

I last saw him alive on , 19 . Death is said

to have occurred on the date stated above, at 7: A. m.

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

lobar pneumonia

Date of onset

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 death or injury in any way related to occupation of deceased?
If so, specify

(Signature) J. W. [Signature], M. D.
(Address) Poplar Bluff, Mo.

RECORDS OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

