

APR 24 1936

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

Do not use this space.

12124

1. PLACE OF DEATH

County Ripley
Township Stone
City (No. _____) _____

Registration District No. 722
Primary Registration District No. 5993

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

William d. Wallas

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Isaac Wallas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 4 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Ind.MOTHER FATHER Abraham H. Wallas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Lilab. E. Tracy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT (ADDRESS) Chas. Turner, Bardley mo18. BURIAL, CREMATION, OR REMOVAL PLACE Bardley mo DATE 3 22 193619. UNDERTAKER (ADDRESS) friends20. FILED 3 22 1936 G. Sprager Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 193622. I HEREBY CERTIFY, That I attended deceased from March 20 1936, to March 21 1936I last saw him alive on March 17 1936. Death is saidto have occurred on the date stated above, at 9 a.m.

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

Flu

Date of onset

Feb 20-16

Other contributory causes of importance:

Lobes pneumonia

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) William H. Tracy, M. D.(Address) Alton, 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.

