

APR 25 1936

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

Do not use this space.

15000

1. PLACE OF DEATH

County Kawee
Township West Plains
City West Plains (No.)

Registration District No. 384
Primary Registration District No. 4297

File No.
Registered No.
St. Ward)

2. FULL NAME

George Birlow Wallace
(a) Residence, No. 25 Oranville Ave. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF <u>Beryl Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 24 1911</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>4</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year)	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Ind.</u>	
	13. NAME <u>Wm</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wm</u>	
	15. MAIDEN NAME <u>Wm</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wm</u>	
	17. INFORMANT (ADDRESS) <u>Narold Burrow Miller Springs</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>Apr 21</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>McFARLAND UNDERTAKERS 325 WEST PLAINS</u>		
20. FILED <u>4-20</u> 19 <u>36</u> <u>Vida W SIMONS</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1936, to April 18 1936
I last saw him alive on April 16 1936. Death is said to have occurred on the date stated above, at 8:22 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis with Mitral insufficiency.
G.D.
Other contributory causes of importance:
Coronary Arteriosclerosis

Name of operation None Date of 18
What test confirmed diagnosis? Symptoms Was there an autopsy? No

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? No
If so, specify
(Signed) P. H. Sparks M. D.
(Address) West Plains, Mo.

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