

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

Do not use this space.

SEP 18 1936

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph (No. 5127)

Registration District No. 86
Primary Registration District No. 5127
Kirschners Addition

File No. 30031
Registered No. 63
St. Ward

2. FULL NAME Lonnie Clarence Wallace

(a) Residence, No. Kirschners Addition St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 12, 1936</u>		
7. AGE <u>0</u>	YEARS <u>0</u>	MONTHS <u>0</u>
		DAYS <u>2</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>Infant</u>
	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) St. Joseph
(STATE OR COUNTRY) Missouri

13. NAME William D. Wallace

14. BIRTHPLACE (CITY OR TOWN) Madison County
(STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Rose Marie Werner

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

17. INFORMANT William D. Wallace
(ADDRESS) Kirschners Addition

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE Aug. 14, 1936

19. UNDERTAKER Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED Aug. 14, 1936 B. H. Tadlock M.D.
W.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1936 19 36

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12 19 36, to Aug. 14 19 36

I last saw him alive on Aug. 14 19 36. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Heat Stroke 8-14-36 Date of onset Aug. 14

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? 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) E. J. Gross M.D. M. D.
(Address) 5025 King Hill Ave.

