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.

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

OCT 22 1936

Do not use this space. 34850

1. PLACE OF DEATH

County Lafayette — Registration District No. 461 — File No. 79

Township Lexington — Primary Registration District No. 3024 — Registered No.

City Lexington (No. , St. Ward)

2. FULL NAME Fidelio Lee Wallace

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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 OF: Lillian Ryland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11, 1869

7. AGE: YEARS 67 — MONTHS 4 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Banker
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): Lexington, Mo.

FATHER

13. NAME: Henry C. Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Woodfurd Co., Ky.

MOTHER

15. MAIDEN NAME: Elizebeth Sharp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Woodfurd Co., Ky.

17. INFORMANT (ADDRESS): Mrs. F. Lee Wallace, Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE Sept. 17, 1936

19. UNDERTAKER (ADDRESS): Winkler, Lexington, Mo.

20. FILED Sept 17, 1936 Faye B. Bates, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930 to Sept 15, 1936
I last saw him alive on Sept 13, 1936. Death is said to have occurred on the date stated above, at 12:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation - cardiac	acute
Coronary sclerosis - Chronic	1930
Myocarditis	
[illegible]	
Other contributory causes of importance:	
Hyperglycemia -	1934
Aortic sclerosis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) C. T. Ryland, M. D.
(Address) Lexington Mo