

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

Do not use this space.

45818

1. PLACE OF DEATH

County Pike
Township Buffalo
City Buffalo

Registration District No. 689

File No. _____

Primary Registration District No. 5917

Registered No. _____

(No. Hickory Grove Sch. Dist. Ward) _____

2. FULL NAME

Jaaper Ambers Wallace
(a) Residence, No. Hickory Grove Sch. Dist. 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 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 Dollie Boyd Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-81

7. AGE YEARS 55 MONTHS 0 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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) Texas Co. Mo

13. NAME Mr Wallace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (?)

15. MAIDEN NAME Nancy Lee Dean

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

17. INFORMANT (ADDRESS) Mr Roy Myers

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Jan 31 1936

19. UNDERTAKER (ADDRESS) John H. Myers

20. FILED Jan 31 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1936 to Dec 30 1936
Last seen alive on Dec 29 1936 Death is said to have occurred on the date stated above, at 6-9 m.

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

Lobar Pneumonia

Date of onset 4 weeks

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 disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. Pearson, M. D.

(Address) Missouri Mo

