

APR 8 1937

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

Do not use this space.

9527

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3200, Norledge St. _____ Ward _____)

File No. 1244
Registered No. _____

2. FULL NAME

Mrs. Elizabeth Chiles Wallace

(a) Residence, No. 3200 Norledge 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 <u>Female</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>Judge Wm. H. Wallace</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 30, 1858</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>11</u>	<u>10</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</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 _____				

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Cornelius Carr Chiles</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Anna Mary Hallar</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>
	17. INFORMANT (ADDRESS) <u>Mrs. John M. Dennis Baltimore, Maryland</u>
18. BURIAL PLACE <u>Woodlawn Cemetery, Independence, Mo.</u> DATE <u>March 12 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Stine & McClure 3235 Gilham Plaza</u>	
20. FILED <u>Mar 11 1937 M. M. Cronin</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1937 to Mar 10 1937
I last saw him alive on Mar 10 1937 Death is said to have occurred on the date stated above, at P. m. 4:35
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
93a
Date of onset 3/4/37

Other contributory causes of importance:
Tonsil Myocarditis
3/2/37

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera 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) Dr. E. J. White M. D.
(Address) 925 Angell City

WRITE PRINTING, WITH COPYING INK--THIS IS A PERMANENT RECORD

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.

X-7044

Dr. Willits
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