

APR 21 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH,

County Lewis
 Township Highland
 City Ewing (No., St. Ward)

Registration District No. 478Primary Registration District No. 5642File No. 12458Registered No. 4

2. FULL NAME

(a) Residence No. 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 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 Maryetta Wallace6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1864 OCT 28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 8

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) Ewing Mo13. NAME John Graham Wallace14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Mary Calvert16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT J. Wilbur Wallace (ADDRESS) Ewing18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue DATE 3/22 193719. UNDERTAKER Thos Ball (ADDRESS) Ewing Mo.20. FILED April 4, 1937 Emilia R. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 193722. I HEREBY CERTIFY That I attended deceased from Mar 20 1937 to Mar. 20 1937I last saw him alive on Mar. 20 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Apoplexy (Cerebral Hemorrhage) Date of onset Mar. 20Other contributory causes of importance: ArteriosclerosisName of operation None Date ofWhat test confirmed diagnosis? Phys. 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 ✓ 19Where 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) Dr. J. H. Ball M. D.(Address) Bellevue Mo.

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.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

