SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Vernon
Township Washington
City Nevada Mo (No. State Hosp. #3 St. Ward)
Registration District No. 875
Primary Registration District No. 6162
File No. 32074
Registered No. 220

2. FULL NAME Oceanna Wallace
(a) Residence, No. Butler Mo 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. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1852
7. AGE YEARS 85 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) America

FATHER
13. NAME Emanuel Arbogast
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Isabell Wymer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs Beulah Marling
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Aug 11 1937
19. UNDERTAKER (ADDRESS) Culver's Butler Mo
20. FILED Aug 23 1937 Allen E Hayes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1937
22. I HEREBY CERTIFY, That I attended deceased from July 10 1937, to Aug 9 1937
I last saw her alive on Aug 9 1937. Death is said to have occurred on the date stated above, at 11 45 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

Other contributory causes of importance: Myocardial Insufficiency

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) C. T. McConnell, M. D.
(Address) Nevada 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.