

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.

OCT 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Newton Registration District No. 609
 Township Neosho Primary Registration District No. 4363
 City Neosho (No. Sale-Boyman Hospital)

File No. 34880
 Registered No. 103

2. FULL NAME

Stella May Wallace

(*) Residence, No. Sulphur Springs, Ark. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, ~~DECEASED~~ OR DIVORCED
 HUSBAND OF W. R. Wallace
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1865

7. AGE, YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 3 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pekin
 (STATE OR COUNTRY) Illinois

13. NAME Leonard Be mett

14. BIRTHPLACE (CITY OR TOWN) Winchester, N.H.
 (STATE OR COUNTRY)

15. MAIDEN NAME Eliza Royal

16. BIRTHPLACE (CITY OR TOWN) Piqua, Ohio
 (STATE OR COUNTRY)

17. INFORMANT Royal A. Wallace
 (ADDRESS) Sulphur Springs, Ark.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sulphur Sprg. DATE Sept. 19, 1937

19. UNDERTAKER John Dunn
 (ADDRESS) Sulphur Springs, Ark.

20. FILED 9-20, 1937 W. R. Wallace
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from
September 4, 1937, to September 18, 1937

I last saw her alive on September 18, 1937 Death is said to have occurred on the date stated above, at 3:56 p.m.
 The principal cause of death and related causes of importance were as follows:

Acute endocarditis

Date of onset

Other contributory causes of importance:
Acute ruptured gangrene appendix with peritonitis

Name of operation Appendectomy Date of 9-5-37

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 None

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....

(Signed) W. R. Wallace, M. D.
 (Address) Neosho, Missouri

OCCUPATION
 MOTHER
 FATHER

