

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1003City St. Joseph(No. Mercy Hospital)File No. 37179Registered No. 1155St. 1

Ward)

2. FULL NAME

Lloyd Frances Wallace(a) Residence, No. 424 E. Kansas Ave.St. 1

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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

Emma Wallace

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

Sept. 20, 1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

46029

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Foreman, Stock Yards

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Co.

10. Date deceased last worked at this occupation (month and year)

Oct. 1937

11. Total time (years) spent in this occupation

28

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

Argentine, Kansas

13. NAME

Fred D. Wallace

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

Burr Oak, Mich.

15. MAIDEN NAME

Anna May McLean

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

Unk. Ind.

17. INFORMANT (ADDRESS)

Mrs. Emma Wallace 424 E. Kansas Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cemetery Oct. 21, 1937

19. UNDERTAKER (ADDRESS)

Walter Meierhoefer 1302 Faraon St. St. Joseph, Mo.

20. FILED

10/211937ASNeethaus

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1937 .1922. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1937, to Oct 19, 1937I last saw him alive on Oct 19, 1937. Death is saidto have occurred on the date stated above, at 7.20 m. P.M.

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

Pneumonia Date of onset Oct 11, 37

Other contributory causes of importance:

Name of operation 1070 Date of meWhat 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. J. M. P. Lenz(Address) Kirkpatrick Bldg. St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

