

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County LebanonRegistration District No. 449Township LebanonPrimary Registration District No. 4267City Lebanon (No. Miller Hospital)File No. 45785Registered No. 424St. Mo. Ward 2

2. FULL NAME

(a) Residence, No. Lebanon Mo.St. Mo. Ward 2

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Albert Wallace

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

Not Known

7. AGE

YEARS

MONTHS

DAYS

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

About 67

OCCUPATION

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

Framer

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)

Not Known

13. NAME

Not Known

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

Not Known

15. MAIDEN NAME

" "

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

Not Known

17. INFORMANT (ADDRESS)

Albert Wallace
Eden Hall Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lebanon Mo.DATE Dec 23 1937

19. UNDERTAKER (ADDRESS)

Palmer
Lebanon Mo.

20. FILED

12-23-37
J. A. McCune
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21 193722. I HEREBY CERTIFY, That I attended deceased from Dec 17 1937 to Dec 21 1937I last saw him alive on Dec 21 1937. Death is saidto have occurred on the date stated above, at 3 P. m.

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

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Obesity due to lack of food & water

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) J. A. McCune M. D.(Address) Lebanon 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.

