

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

55 County Lawrence
1 Township Aurora
4 City Aurora

Registration District No. 447
Primary Registration District No. 4280
(No. 16 E. Locust

File No. 45832
Registered No. 68
St. _____ Ward _____

2. FULL NAME

Jerome Wallace Jr
(a) Residence No. 304 West Olive St. Ward _____
(Usual place of abode)

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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
infant

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Aurora, Mo.

13. NAME Jerome Wallace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora, Mo.

15. MAIDEN NAME Pearl McHea

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

17. INFORMANT (ADDRESS) Jerome Wallace
304 West Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Pleasant DATE Nov 16 1937

19. UNDERTAKER (ADDRESS) Aurora Funeral Home
229 West Church Street

20. FILED Dec 15 1937 O. H. Cowan, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 15 1937, to November 15 1937

I last saw him on November 15 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Stillborn. Date of onset Nov 15, 1937

Other contributory causes of importance:
Frank Burch Pneumonia
in a Princess, Rhythm-
ation due to Carl Confession

Name of operation Burch Extraction Date of 11/15/37

What test confirmed diagnosis? Clinical 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. Kenneth L. Kiley, M. D.

(Address) 16 E. Locust St.
Aurora, Mo.

