

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

Do not use this space.

1547

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townships Man Primary Registration District No. 1002
 City Kansas City (No. C. C. General Hospital) St. _____ Ward _____

File No. _____
 Registered No. 235

2. FULL NAME

Thomas Benton Wallace 420
 (a) Residence, No. 1703 E. 8th St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 6 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. Burrell Wallace

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

7. AGE YEARS 75 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Paoli, Mo.

13. NAME David S. Wallace

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

15. MAIDEN NAME Mattie M. Burrell

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

17. INFORMANT (ADDRESS) Records Clerk, C. C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville, Mo. DATE 1-16-38

19. UNDERTAKER (ADDRESS) Sheil Undertaker, 6601 Indigo Ave.

20. FILED Jan 16 1938 M. M. Conover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-24-37, 1937, to 1-15-38, 1938

I last saw him alive on 1-15-38, 1938 Death is said to have occurred on the date stated above, at 11:55 a.m.

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

Chronic Septic & Pyonephrosis
Renal Abscesses

Other contributory causes of importance:

Terminal Hypostatic
Bronchopneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) W. C. Harker, M. D.
 (Address) 1101 E. 12th St.

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.

RECEIVED

FEB 18 1937

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MO. STATE BOARD OF HEALTH