REC'D MAR 22 1938

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

Do not use this space.

2/1

1. PLACE OF DEATH

County Gemiscot — Registration District No. 653 — File No. 7711

Township Cayoorde — Primary Registration District No. 5895 — Registered No. 25

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Albert Wallace 420

(a) Residence, No. Hayti, Mo. St., ... Ward. (If nonresident, give city or town and State)
(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: M

4. COLOR OR RACE: Colored

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

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

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

7. AGE: about 76 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina?

FATHER

13. NAME: Not Known

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

MOTHER

15. MAIDEN NAME: Not Known

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

17. INFORMANT (ADDRESS): J. M. Nicholson, Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Colored Cemetery Hayti, Mo. DATE Feb. 16, 1938

19. UNDERTAKER (ADDRESS): Finds & neighbors

20. FILED 2-15, 1938 J. W. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to Feb. 14, 1938

I last saw him alive on Feb. 8, 1938. Death is said to have occurred on the date stated above, at 11 p.m.

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

Acute cystitis — Date of onset

135 B

Other contributory causes of importance: Acute retention of urine. Senility

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

What test confirmed diagnosis? S & S 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? .....

If so, specify .....

(Signed) A. H. Shirey, M. D.

(Address) Hayti, Mo.

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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.