

DEC 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County CherokeeRegistration District No. 677File No. 7800Township RollaPrimary Registration District No. 4403Registered No. 36City Rolla

(No. _____ St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 107 1st St St. _____ Ward _____

(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 <u>m</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5 1868</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>5</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retd Farmer</u>
	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) <u>Cherokee Co Mo</u>

FATHER	13. NAME <u>James Franklin Wallace</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>

MOTHER	15. MAIDEN NAME <u>Francis Wilson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cherokee Co</u>

17. INFORMANT (ADDRESS) <u>Mrs Eva Wallace</u> <u>107 - 1st St</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deer Creek Cemetery Feb. 24 1938</u>
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19. UNDERTAKER (ADDRESS) <u>James E. Myers</u> <u>Deer Creek</u>
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20. FILED <u>Feb 24 1938</u> <u>J. F. Myers</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 193822. I HEREBY CERTIFY, That I attended deceased from Feb 20 1938, to Feb 22 1938I last saw him alive on Feb 22 1938 Death is saidto have occurred on the date stated above, at 1:45 p.m.

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

menia

Date of onset

137-

Other contributory causes of importance:

Chronic Hypertrophy
AstheniaName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) _____

(Address) _____

E. E. F. and M. D.
Rolla 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.

