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.

SEP 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County ~~Daviess~~ DeKalb Registration District No. 263 File No. 28759
Township Dallas Primary Registration District No. 5366 Registered No.
City Santa Rosa (No. ..... St. ..... Ward)

2. FULL NAME Wallace B Stewart 363
(a) Residence, No. Santa Rosa 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie G Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15-1870
7. AGE YEARS 68 MONTHS 10 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
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) Daviess Co. Mo

FATHER
13. NAME Wm Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Mary Ann Polk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mrs Bessie Stewart Santa Rosa Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Muddy Cemetry DATE Aug 10 1938
19. UNDERTAKER (ADDRESS) G. S. Gromer Pattonsburg Mo
20. FILED 9-10 1938 Jas Fitzgerald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1938
22. I HEREBY CERTIFY, That I attended deceased from ✓, 19✓, to ✓, 19✓
I last saw h✓ alive on ✓, 19✓. Death is said to have occurred on the date stated above, at 7 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
167	

Other contributory causes of importance: ✓

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? Suicide Date of injury Aug 9 1938
Where did injury occur? Santa Rosa DeKalb Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gunshot (Pistol)
Nature of injury Apisation to back of head
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M. S. Gale, M. D.
(Address) Osborn Mo
Coroner DeKalb County