

DEC'D OCT 27 1938

NOV 21 1938

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

Do not use this space.

34733

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No. Menorah Hospital)
St. Mo. Ward 4069

2. FULL NAME 41 Grace A. Wallace

(a) Residence, No. 109 S. Adams St. Kans City, Kans Ward 4069
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Hugh James Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 17

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

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) Vincennes
(STATE OR COUNTRY) Indiana

13. NAME Daniel Barnhill

14. BIRTHPLACE (CITY OR TOWN) Flora
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Caroline Wise

16. BIRTHPLACE (CITY OR TOWN) Vincennes
(STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Wm. R. Baker
(ADDRESS) R. R. #4--Kansas City, Ks

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Oct. 18, '38

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED Oct 18, 1938 M. M. Crowe
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1938

22. I HEREBY CERTIFY That I attended deceased from October 1, 1938 to October 16, 1938.

I last saw him alive on October 15, 1938 Death is said

to have occurred on the date stated above, at 5:15 m.

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

Sarcomatous (terus) Date of onset

Benign metastasis

Other contributory causes of importance: HSA

Name of operation Paracentesis Date of 10/15/38

What test confirmed diagnosis? W. Was there an autopsy? W.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) P. C. Chasen M. D.

(Address) 625 Profess Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

