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.

REC NOV 25 1938

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

Do not use this space.

File No. 37063

Registered No. 248

1. PLACE OF DEATH
County Vernon — Registration District No. 875
Township — Primary Registration District No. 3039
City Nevada (No. ..., ... St. ..... Ward)

2. FULL NAME Nancy F. Wallace

(a) Residence, No. 1303 N. Main 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24th, 1899

7. AGE — Years: 39 — Months: 7 — Days: 11 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME David Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennn.

MOTHER
15. MAIDEN NAME Lizzie A Norris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT David Wallace
(ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton B.P. DATE Oct. 8th, 1938

19. UNDERTAKER Eichinger Funeral Home
(ADDRESS) Nevada, Mo.

20. FILED Oct 6, 1938 A. Ben N. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 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 ..... m.

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

	Date of onset
Carcinoma of lungs	?
secondary to carcinoma	
of breast	1936

Other contributory causes of importance: 50

Name of operation Radical breast amputation Date of Feb. 9, 1937

What test confirmed diagnosis? Laboratory 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? No.
If so, specify .....

(Signed) C. R. King, M. D.
(Address) Nevada, Mo.

RECEIVED
District Health Officer No. 7,
District File Number 7-38-289
Date Filed 11-3-38