

REC'D FEB 28 1939

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

4133
Do not use this space.

1. PLACE OF DEATH

(a) County SullivanRegistration District No. 853(b) Township LibertyPrimary Registration District No. 6117Registered No. 3

(c) City

(d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 435 John Alexander Wallenore St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victoria Wallenore6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 18617. AGE YEARS 77 MONTHS 6 DAYS 2 If LESS than 1 day,hrs. ormin.8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) Leasboro (STATE OR COUNTRY) Illinois13. NAME Adam Wallenore14. BIRTHPLACE (CITY OR TOWN) Parris (STATE OR COUNTRY)15. MAIDEN NAME Rachel Weavers16. BIRTHPLACE (CITY OR TOWN) Parris (STATE OR COUNTRY)17. INFORMANT (ADDRESS) John Wallenore Harris18. BURIAL, CREMATION, OR REMOVAL PLACE Parris DATE Jan 12 193919. FUNERAL DIRECTOR (NAME) Walter Howard Harris (ADDRESS) Parris Mo20. FILED 1-11 1939 Mrs. Ruth Tucker Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 193922. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1938 to Jan 9 1939I last saw him alive on Jan 8 1939. 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
<u>Graphy</u>
<u>g 2 w</u>

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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 U S Bradley, M. D.(Signed) Harris (Address) 767

RECEIVED

District Health Officer No. 10

District File Number 10-39-239

Date Filed FEB 9 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Ivan Martin

Licensed Embalmer No.....

3760

P. O. Address.....

Quincy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.