REC'D JUN 21 1939

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

18517
Do not use this space.

1. PLACE OF DEATH
(a) County DOUGLAS Registration District No. 1061
(b) Township or (c) City BRYANT Primary Registration District No. 5385 Registered No.
(d) Street No. St.
(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 61 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY T. WALLACE
(a) Residence, No. 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

3. SEX: F
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 GRAHAM WALLACE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 24-1853
7. AGE: Years 85 Months 5 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) May 1935
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) CHATAQUA (STATE OR COUNTRY) New York

FATHER
13. NAME WILLIAM BIADELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

MOTHER
15. MAIDEN NAME NOT KNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN.

17. INFORMANT Vayne Odle (ADDRESS) BRYANT MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE WALLACE CEM DATE APR. 17 1939
19. FUNERAL DIRECTOR (NAME) FASTEFFE (ADDRESS) MANSFIELD.
20. FILED May 12 1939 U. S. McCrite Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April [redacted] 1939
22. I HEREBY CERTIFY, That I attended deceased from April 2 1939 to Apr 6 1939
I last saw her alive on Apr 5 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:
Hypertension

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
(Signed) M. C. Bentley, M. D.
(Address) Ava Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

50M-9-19-[illegible] I X16605

RECEIVED
District Health Officer No. 6,
District File Number 6-6-39-1168
Date Filed JUN 5 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 my self, Registered Apprentice No. , working under my personal supervision.

Signed F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.