

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

Do not use this space.

39790

1. PLACE OF DEATH

County Howard
 Township Cemetery
 City Cemetery (No. 1)

Registration District No. 376
 Primary Registration District No. 4220

File No. 39790
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

420 Gubbia Wayland, Wallace

(a) Residence, No. Cemetery 420 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 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 J. W. Wallace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>87</u>		<u>2</u>	

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

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) (STATE OR COUNTRY) Missouri

13. NAME John A. Wayland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mattie Spear

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Mattie Spear

18. BURIAL, CREMATION, OR REMOVAL PLACE Wascora Mo DATE Nov 28, 1939

19. UNDERTAKER (ADDRESS) Chas. Oldaker

20. FILED Nov 27, 1939 W. M. Dickerson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1939, to Nov 26, 1939
 I last saw her alive on Nov 26, 1939 Death is said to have occurred on the date stated above, at 1 P. m.

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

Chronic Myocarditis
Pulmonary Obstruction

Date of onset _____

Other contributory causes of importance: 93C

Name of operation _____ Date of _____
 What test confirmed diagnosis? History 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 W. M. Dickerson M. D.
 (Signed) W. M. Dickerson (Address) Cemetery, Mo

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12/20/39