

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31363

1. PLACE OF DEATH

9 County Rollinger
Township Warren
City Gipsy, Mo. (No. _____)

Registration District No. 69
Primary Registration District No. 5108

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Velma Ruth Wallace
(Usual place of abode) Gipsy, Mo. St., _____ Ward _____

Length of residence in city or town where death occurred yrs. 22 mos. 3 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 4, 1938</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>10</u>	DAYS <u>3</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>child</u>		
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)
Gipsy, Mo.

13. NAME
Burley Wallace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Sherrville, Mo.

15. MAIDEN NAME
Eva Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Gipsy, Mo.

17. INFORMANT (ADDRESS)
Burley Wallace

18. BURIAL, CREMATION, OR REMOVAL PLACE
Benson Cemetery DATE June 8, 1940

19. UNDERTAKER (ADDRESS)
Edolph Taylor (Rev)

20. FILED 9/29 1940 Miss Jake Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1940

22. I HEREBY CERTIFY That I attended deceased from June 3, 1940 to June 7, 1940
I last saw her alive on June 3, 1940. Death is said to have occurred on the date stated above, at 11:40 A.M.
The principal cause of death and related causes of importance were as follows:

Double Lobar Pneumonia Date of onset June 1, 1940

Other contributory causes of importance:
Whooping Cough

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? No
If so, specify _____
(Signed) D. R. Smith M.D.
(Address) P.O. Box #62, Zalma, Mo.

