

FILED NOV 5 1941

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

Do not use this space.

35484

1. PLACE OF DEATH

County MariesRegistration District No. 541Township JeffersonPrimary Registration District No. 42City Belle(No. 1)St. BelleWard 0

2. FULL NAME

Charles A. Wallace(a) Residence, No. 1St. BelleWard 0

(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

Male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFBonnie Wallace

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

October 20, 1881

7. AGE

60

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.carpenter9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)DixonMo.

FATHER

13. NAME

John G. Wallace14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. James, Mo.

MOTHER

15. MAIDEN NAME

Hannah Keeney16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Osage CountyMo.17. INFORMANT
(ADDRESS)Harry WallaceBelle, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Cem.DATE Oct. 25, 194119. UNDERTAKER
(ADDRESS)S. G. LickliderBelle, Mo.

20. FILED

Nov 1

1941

James A. JohnsonRegistrar

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23, 1941

22. I HEREBY CERTIFY, That I attended deceased from

5/21/40to 10/23/41I last saw him alive on 10/23/41 Death is saidto have occurred on the date stated above, at 3:45 p.m.

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

Cerebral Hemorrhage

Date of onset

10/21/41

Other contributory causes of importance:

Chronic Bronchitis1937

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

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)

Dr. R. H. Johnson

(Address)

Belle, Mo.

NOV 4 1946

1946

NOV 5 1946