

FILED MAY 20 1942

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 1
Township Keaton Primary Registration District No. _____
City Kirkville (No. Carrollton Hosp.) St. _____ Ward _____

File No. _____
Registered No. 127
St. _____ Ward _____

2. FULL NAME

Harvey Wallam
(a) Residence, No. Central Ia. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Wallam</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19, 1862</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>
	DAYS _____	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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) <u>Ohio</u>		
FATHER	13. NAME <u>John Wallam</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Houston</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Fred Short</u> <u>Millon Iowa</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Central</u> DATE <u>April 20, 1942</u>		
19. UNDERTAKER (ADDRESS) <u>E. G. Wallham</u> <u>Central Ia.</u>		
20. FILED <u>4/24/42</u> , 19. <u>790</u> <u>Wm. J. Wayne</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1942, to April 20, 1942
I last saw him alive on April 20, 1942. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
gangrene of rt leg
due to arteriosclerosis
and diabetes
Date of onset _____

Other contributory causes of importance:
gtl. arteriosclerosis

Name of operation Amputation rt leg Date of _____
What test confirmed diagnosis? surgery 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 _____
(Signed) Carl Houghlin M.D.
(Address) Kirkville, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 5-42-1127

Date Filed MAY 19 1942