

OCT 1 1936

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

Do not use this space.

25314-1

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

78 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

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

May Wallon

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

12-12-1857

7. AGE

78 YEARS

MONTHS

5-

DAYS

20

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farming

10. Date deceased last worked at this occupation (month and year)

May 29, 36

11. Total time (years) spent in this occupation

70 7/8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Washington Co Mo

MOTHER FATHER

13. NAME

Hays Wallon

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

Washington Co Mo

15. MAIDEN NAME

Olga A. Tullock

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

St. Francois Co Mo

17. INFORMANT

(ADDRESS)

Wm Wallon
Bismarck Mo. R.F.D. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bismarck Mo

DATE

6/4

1936

19. UNDERTAKER

(ADDRESS)

Hill & White Mo.
Bismarck

20. FILED

7-11

1936

J. P. Jensen

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6-2-1936

22. I HEREBY CERTIFY, That I attended deceased from

May 30-1936, to June 2-1936

I last saw h. m. alive on June 1-1936. Death is said to have occurred on the date stated above, at 2:29 p.m.

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

Date of onset

Myocarditis
9301

Other contributory causes of importance:

Over work

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)

J. H. Gale

, M. D.

(Address)

Bismarck Mo.

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.

