

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.

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

Do not use this space.

JAN 1 5 1935

42237

1. PLACE OF DEATH

County Cape Girardeau
Township St. Louis
City Frutland (No.)

Registration District No. 129
Primary Registration District No. 5180

File No.
Registered No. 26
St. Ward)

2. FULL NAME Lewis Wallace

(a) Residence, No. St. Ward.
(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>3</u>	<u>18</u>	

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

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

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) New Frutland Missouri

13. NAME James C. Wallace

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

15. MAIDEN NAME Cora C. Woods

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

17. INFORMANT (ADDRESS) Mrs. B. J. Dickerson Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Jan 1, 1935

19. UNDERTAKER (ADDRESS) Grass - Miller Jackson, Mo.

20. FILED Jan 1, 1935 J. J. Schoen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 3:30 p.m.

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

apoplexy
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Date of onset

Other contributory causes of importance:

none

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 12-31, 1934

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. A. Moore

(Address) St. Joseph, Mo.

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