

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

Do not use this space.

27471

AUG 24 1936

1. PLACE OF DEATH
 County *Newton* Registration District No. *611*
 Township *Seneca* Primary Registration District No. *4365*
 City *Seneca* (No. _____) St. _____ Ward _____

2. FULL NAME *Christine 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 *Female* **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 *Verious Wallace*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 30 1879*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>56</i>	<i>9</i>	<i>9</i>	<i>22</i>	

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

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) *Austria Hungary*

MOTHER

13. NAME *Phillip Bingle*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Austria Hungary*

15. MAIDEN NAME *Julia Pureria*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Austria Hungary*

17. INFORMANT *Forest Wallace*
(ADDRESS) *Seneca, Mo.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Seneca Mo* DATE *Oct 13 1936*
Norman Mitchell Undertaking
 (ADDRESS) *Seneca, Mo.*

19. UNDERTAKER

20. FILED *July 24 1936* *Merle Spurlin*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 12 1936*

22. I HEREBY CERTIFY That I attended deceased from *July 12 1936* to *July 12 1936*
 last saw him alive on *July 12 1936* Death is said to have occurred on the date stated above, at *10 am*.
 The principal cause of death and related causes of importance were as follows:
apoplexy
hypertension
 Date of onset _____

Other contributory causes of importance:

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) *W. J. Henderson*, M. D.
 (Address) *Seneca 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.

