

SEP 27 1927

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

Do not use this space.

## 1. PLACE OF DEATH

County CarrollRegistration District No. 135File No. 20897<sup>a</sup>Township WakarusaPrimary Registration District No. 5793Registered No. 71

City..... (No.....).....

St. .... Ward)

2. FULL NAME Preston M. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Josie B. Wallace6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-8-1865

7. AGE

YEARS 62MONTHS 6DAYS 22

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Carroll Co. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER Thomas J. Wallace11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Orleva Johnson13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carroll Co. Mo.

(STATE OR COUNTRY)

14.

INFORMANT (Address) Mrs. J. J. Wallace  
Carrollton Mo

15.

FILED 7-30, 1927 Mrs. E. E. Farnham  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-30 192717. I HEREBY CERTIFY, That I attended deceased from June 18, 1927, to July 15, 1927, that I last saw him alive on July 15, 1927, and that death occurred, on the date stated above, at 5-A.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of liver

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 29WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. M. Benson, Jr., M. D.7-30, 1927 (Address) Carrollton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Willis Chapel Cemetery

DATE OF BURIAL

7-31 1927

20. UNDERTAKER

Willis Bros.

ADDRESS

Carrollton Mo.

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.

