

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3488

Registration District No. 281

Primary Registration District No. 4343

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Monroe City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
526 South Locust St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 31 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Monroe City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 526 South Locust St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELEN DAE WALLACE

3. (b) If veteran, name war none  
3. (c) Social Security No. 489-109736

4. Sex Female 5. Color or race negro  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Dean  
6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased Dec 24- 1909  
(Month) (Day) (Year)

8. AGE: Years 31 Months 14 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monroe City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Chicken Tupper & Henderson Produce Co.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Taylor  
18. Birthplace Monroe City Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Estelle Cord  
15. Birthplace Monroe City Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ivan Wallace

(b) Address Monroe City Mo

17. (a) Burial (b) Date thereof Jan 9, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Andrew's Monro City

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City Mo

19. (a) Jan 9, 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7  
year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from DEC. 4, 1940 to JAN. 7, 1941, that I last saw her alive on JAN. 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardio-Vascular-Renal Disease

Other conditions: Toxic Goitre  
(Include pregnancy within 3 months of death) 3 yrs.

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
513  
While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury g)  
23. Signature Harold F. Eccles (M. D. or other) D.O.  
Address Monroe City - Mo. Date signed 1-8-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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