

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

Do not use this space.

FILED DEC 9 1941

39010

97 PLACE OF DEATH *Ozark*
 County *Ozark* Registration District No. *6-53-60*
 Township *Marion* Primary Registration District No. *6-4-5-58*
 City *Thornfield Mo.* St. _____ Ward) _____
 6.2. FULL NAME *Clindell Melvin 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. *8* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. *8*
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) *Thornfield Mo.*
 MOTHER 13. NAME *Alfred Wallace*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hammond Mo.*
 15. MAIDEN NAME *Lulu Conley*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Isabella Mo.*
 17. INFORMANT (ADDRESS) *Alfred Wallace Thornfield Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Wallace* DATE *Sept 27* 19 *41*
 19. UNDERTAKER (ADDRESS) *neighbors*
 20. FILED *Nov 28* 19 *41* *Hattie D. Davis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 28* 19 *41*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept 18* 19 *41* to *Sept 26* 19 *41*
 I last saw him alive on *Sept 26* 19 *41* Death is said to have occurred on the date stated above, at *2:30 A.M.*
 The principal cause of death and related causes of importance were as follows:
Hemorrhage of spinal cord
 Date of onset _____
 Other contributory causes of importance: *16/C*
 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? *No*
 If so, specify _____
 (Signed) *F. C. Meyer*, M. D.
 (Address) *Thornfield Mo.*

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