

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

Do not use this space.

34465

## 1. PLACE OF DEATH

County JacksonRegistration District No. 707Township East LaceyPrimary Registration District No. 3-9-36

City

File No.

Registered No. 8

St.

Ward

## 2. FULL NAME

(a) Residence, No. 1

(Usual place of abode)

St.

Ward.

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)

Widower

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

Rennela Patterson

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan-12-1839

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.89917

## 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)

(STATE OR COUNTRY)

Missouri

## 10. NAME OF FATHER

Joseph Wallis

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

## 12. MAIDEN NAME OF MOTHER

unknown

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

## 14.

INFORMANT

(Address)

Will CochranBrighton Mo

## 15.

FILED

Oct 30 1928Miss Hetta M. Taylor

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct 29 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1928, to Oct 29, 1928 that I last saw him alive on Oct 29, 1928, and that death occurred, on the date stated above, at 10 P.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Paralysis and old age

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

at HomeDID AN OPERATION PRECEDE DEATH? no. DATE OFWAS THERE AN AUTOPSY? no

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. E. Albright, M. D.Oct 29, 1928 (Address)Pleasant Hope 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

## DATE OF BURIAL

Pleasant Hope MoOct 30 1928

## 20. UNDERTAKER

## ADDRESS

C. R. BentonPleasant Hope 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.

WRITE FULLY, WITH CHANGING INSTRUMENTS IS A PERMANENT RECORD

ON DEPT. OF JUSTICE  
-Every letter and information should be carefully supplied

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Dick Registration District No. 987 File No. ....  
Township E. Loney Primary Registration District No. 5936 Registered No. 8  
City ..... (No. ....) St. .... Ward)

**2. FULL NAME**

Jephtha James Wallia  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wed

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 OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....  
(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY)

14.

INFORMANT .....  
(Address)

15.

FILED Dec 12, 1928 Hattie M. Taylor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1928

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19..... that I last saw h..... alive ..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Paralysis of old age  
Paralysis of right side (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTACTED 75 W

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ..... M. D  
, 19 (Address)

\*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

N. B. - If cause of death is not stated, the cause should be stated. AGE should be stated EXACTLY. PHYSICIANS should state whether the death was natural, accidental, or homicidal. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-34465