

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
 County Mecklenburg
 Township Charlotte
 Town _____ Registration Dis. Co. No. 600-24116 Certificate No. 311 466
 City Charlotte No. Fire Department St. _____ Ward _____
 FULL NAME J H Wallace

If death occurred in a hospital or institution, give its NAME, instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, or DIVORCED Single
(Write the word)

DATE OF BIRTH Feb 7 1874
(Month) (Day) (Year)

AGE 40 yrs. 4 mos. 7.4 ds.
if LESS than 1 day, ... hrs. or min.

OCCUPATION Chief of Fire Dept
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

EDUCATIONAL ATTAINMENTS Common School

BIRTHPLACE Mecklenburg

PARENTS	NAME OF FATHER <u>J H Wallace</u>
	BIRTHPLACE OF FATHER (State or Country) <u>NC</u>
	MAIDEN NAME OF MOTHER <u>Cornelia Gray</u>
	BIRTHPLACE OF MOTHER (State or Country) <u>Mecklenburg's</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M M Wallace
(Address) Charlotte 932

Filed 7-3-14 19 1914 W. F. O. Hawley
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 9:30 A.M. 1914 to July 1 - 1 P.M. 1914
 that I last saw him alive on July 1 - 1 P.M. 1914
 and that death occurred on the date above stated, at 6 P.M.

THE CAUSE OF DEATH* was as follows:
Concussion, Bruises - foreign bodies penetrating his body &c - Shock following an explosion. Duration ~~3~~ 3 hrs.

Contributory (Secondary) _____
 Signed: C. A. ...
July 3 1914 Address Charlotte NC

*State the DISEASE CAUSING DEATH, or its source from VENEREAL CAUSATION, unless (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE For Hospitals, Institutions, Transients or Recent Residents:
 At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Elmwood Cemetery DATE OF BURIAL July 2 1914
 UNDERTAKER Mr Harry to Charlotte ADDRESS _____

No. 31-11711-11712 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. See instructions on back of certificate.