

**STATE OF NEW MEXICO -- BUREAU OF PUBLIC HEALTH  
CERTIFICATE OF DEATH**

1704

1. PLACE OF DEATH  
County of Bernalillo State New Mexico Registered No. \_\_\_\_\_  
School District of \_\_\_\_\_ or Village \_\_\_\_\_  
or City Albuquerque No. 408 Apache Trail St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and Number)  
Length of residence in city or town where death occurred 3 months yrs. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Wallace H. Yancey  
(a) Residence: No. 408 Apache Trail St. \_\_\_\_\_ Ward Arkadelphia  
(Usual place of abode) (If non-resident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. MALE FEMALE <b>Male</b>	4. WHITE, BLACK YELLOW, RED <b>White</b>	5. Single, Married, Widowed, or Divorced (write the word) <b>Married</b>
5a. If married, widowed, or divorced HUSBAND of <u>Alta Yancey</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Jan. 24 1899</u>		
7. AGE	Years <u>30</u>	Months <u>6</u>
	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Furniture Salesman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Furniture Store</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1 1929</u>	11. Total time (years) spent in this occupation <u>15</u>
12. BIRTHPLACE (city or town) <u>Arkadelphia</u> (State or country) <u>Arkansas</u>		
FATHER	13. NAME <u>Walter Yancey</u>	
	14. BIRTHPLACE (city or town) <u>Arkadelphia</u> (State or country) <u>Arkansas</u>	
MOTHER	15. MAIDEN NAME <u>Mary Walker</u>	
	16. BIRTHPLACE (city or town) <u>Arkadelphia</u> (State or country) <u>Arkansas</u>	
17. INFORMANT <u>Alta Yancey</u> (Address) <u>Albuquerque New Mexico</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Arkadelphia Ark.</u> Date <u>July 27, 1929</u>		
19. UNDERTAKER <u>A. J. Keller</u> (Address) <u>Albuquerque New Mexico</u>		
20. FILED <u>7-27, 1929</u> <u>August P. Armijo</u> Subregistrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) July 25-29

22. I HEREBY CERTIFY, That I attended deceased from  
July 15, 1929 to July 20, 1929  
I last saw him alive on July 20, 1929 death is said  
to have occurred on the date stated above, at 10:30 p.m.  
The principal cause of death and related causes of importance  
in order of onset were as follows: Pulmonary Tuberculosis  
Date of onset \_\_\_\_\_  
Has had it for yrs

Contributory causes of importance not  
related to principal cause: \_\_\_\_\_

Name of operation None 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? no Date of injury  
\_\_\_\_\_, 1929 Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Check whether injury occurred in industry \_\_\_\_\_ home \_\_\_\_\_ public place \_\_\_\_\_  
Manner of injury None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of de-  
ceased? no If so, specify \_\_\_\_\_  
(Signed) E. J. Passeri M. D.  
(Address) Albuquerque, N.M.

STATE OF NEW MEXICO  
COUNTY OF SANTA FE

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF AN ORIGINAL  
CERTIFICATE FILED WITH THE DIVISION OF VITAL STATISTICS, NEW MEXICO  
DEPARTMENT OF PUBLIC HEALTH--THE LEGAL DEPOSITORY FOR SUCH RECORDS.  
SIGNED AND SEALED June 26, 1964

BY: Betty Silva  
DEPUTY STATE REGISTRAR

Audrey Linnell  
STATE REGISTRAR