

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

Do not use this space.

33387

1. PLACE OF DEATH

County Jacobs Registration District No. 398
 Township Blue Primary Registration District No. 0554
 City Warrenton (No. 717 Maple Ave) St. _____ Ward _____

File No. _____
 Registered No. 202
 St. _____ Ward _____

2. FULL NAME

Fredric C. Dade
 (a) Residence. No. 717 Maple Ave 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE OF Rose Dade

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 6 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Switchman
 (b) General nature of industry, business, or establishment in which employed (or employer) Railroad
 (c) Name of employer _____

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Sarah Dade

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

14. INFORMANT Rose Dade (Address) 717 Maple Ave

15. FILED Nov 30 27 19 27 J. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 3:40 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cardiac dilatation of heart
131
958

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds. None

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy (Signed) Henry C. Gault M. D.

(Address) 717 Maple Ave

*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 Osawatomie Kans DATE OF BURIAL Dec 1 1927

20. UNDERTAKER Rose & Co - 15th Jacobs

THIS IS A PERMANENT RECORD

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.

