JUN 4 1928

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

Do not use this space.
15766
15496

1. PLACE OF DEATH
County: Saline — Registration District No. 749
Township: — Primary Registration District No. 4479
City: Slater (No. ..., ... St. ... Ward)

File No. ...
Registered No. 23

2. FULL NAME T. B. Wade (Thomas Buckner Wade)

(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Elizabeth Wade

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 19-1856

7. AGE: Years 71 | Months 6 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS
10. NAME OF FATHER Robt Wade
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Frances Buckner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Caroline Co.
(STATE OR COUNTRY) Virginia

14. INFORMANT Frances W. Gay
(Address) Slater Mo

15. FILED 5/1, 1928 W. Wilcox
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-30-1928

17. I HEREBY CERTIFY, That I attended deceased from 4-15, 1928, to 4-30, 1928, that I last saw h. alive on 4-30, 1928, and that death occurred, on the date stated above, at 7:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
O.S.D.
75 (duration) yrs. ... mos. 15 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) L. T. Mead, M. D.
, 19 (Address) Slater 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: Centralia City Cemetery — DATE OF BURIAL: May 2 1928
20. UNDERTAKER: Jones & Salgel — ADDRESS: Slater 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.

PERMANENT RECORD

1928 4 30
1856 9 19
71 6 11

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

Do not use this space. 15766 [redacted]

1. PLACE OF DEATH
County: Saline — Registration District No. 749
Township: — Primary Registration District No. 4479
City: Slater (No. ... St. ... Ward)

File No. ...
Registered No. 73

2. FULL NAME T. B. Wade (Thomas Buckner Wade)

(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. 4 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Elizabeth Wade

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11, 1846

7. AGE: Years 81 | Months 6 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS
10. NAME OF FATHER Robt Wade
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Frances Jr Buckner
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(STATE OR COUNTRY) Virginia

14. INFORMANT Frances W. Gay
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15. FILED 5/1, 1928 W. W. Liddy
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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THE CAUSE OF DEATH* WAS AS FOLLOWS:
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75 (duration) yrs. ... mos. 15 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) L. T. Mead, M. D.
, 19 (Address) Slater 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: Centralia City Cemetery — DATE OF BURIAL: May 2, 1928
20. UNDERTAKER: Jones & Salger — ADDRESS: Slater Mo

N. B.—Any person who wilfully makes any false statement in this certificate is guilty of a misdemeanor and, if the CAUSE OF DEATH in plain terms, so that it may be properly classified. Encouragement of OCCUPATION should be given.

Item #6 amended by affidavit of great granddaughter verified by Obituary and picture of tombstone 10-3-00