27 1928

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.

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

Do not use this space.

24467

1. PLACE OF DEATH

County: Marion — Registration District No.: 548 — File No.:

Township: Liberty — Primary Registration District No.: 5740 — Registered No.: 29

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME John Waide

(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. 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: Colored
5. ~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~ (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Waide

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1861

7. AGE: YEARS 67 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer — 56E 92A
(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): Not Known

PARENTS

10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT (Address): Records at Marion Co. Inf. Palmyra Mo

15. FILED 7-10, 1928 — S. Sanford, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1928, to July 9th, 1928, that I last saw him alive on July 9th, 1928, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic valvular heart disease from acute rheumatic fever several yrs. ago (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 90A (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. C. O'Neal, M. D

7-10, 1928 (Address) Palmyra 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: Hannibal Mo — DATE OF BURIAL: 7/11 1928

20. UNDERTAKER: Geo Roberts — ADDRESS: Hannibal Mo.