

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

Do not use this space.

15447

1. PLACE OF DEATH

County New Madrid Registration District No. 567
Township St James Primary Registration District No. 5803-
City St James (No.) St. Ward)

File No.
Registered No. 27
St. Ward)

2. FULL NAME

(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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write title word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Wade</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 11-1898</u>		
7. AGE	YEARS	MONTHS
	<u>30</u>	<u>9</u>
		6
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Housekeeper</u>		
(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)
Texas

10. NAME OF FATHER <u>Tom Jenkins</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
12. MAIDEN NAME OF MOTHER <u>Lena Maddy</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>

14. INFORMANT (Address)
J. W. Danner East James mo

15. FILED 4/4 1929 Stafford Hodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 19....., and that death occurred, on the date stated above, at 9:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
No physician in attendance. The informant states that Mrs Wade died from cerebral pneumonia, and she was pronounced dead before the signature was given as signed by the informant.

18. WHERE WAS DISEASE CONTRACTED
14's

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. Christ, M. D.
, 19 (Address) East Prairie, 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 <u>Sugar Tree Ridge</u>	DATE OF BURIAL <u>4/4 1929</u>
20. UNDERTAKER <u>James Sheets</u>	ADDRESS <u>East Prairie Mo</u>

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAY 28 1929
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.

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