

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

Do not use this space.

26682

1. PLACE OF DEATH

County Jackson Registration District No. 303
 Township Jackson Co., Mo. Primary Registration District No. 1000
 City Jackson City, Mo. (No. General 201-2) St. 303 (Ward)

2. FULL NAME

Richard Wain
 (a) Residence. No. 556 1/2 Lydia St. Ward. 1
 (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 m 4. COLOR OR RACE aa 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Wain

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
40 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO
 (STATE OR COUNTRY)

10. NAME OF FATHER Richard Wain

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

12. MAIDEN NAME OF MOTHER Maria Williams

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

14. INFORMANT Dora Wain
 (Address) 556 1/2 Lydia

15. FILED 9/8 30 M.M. Crowe
 REGISTRAR ast.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-2-1930

17. I HEREBY CERTIFY, That I attended deceased from 7-31- 1930, to 8-2- 1930, that I last saw h. ex. alive on 8-2- 1930, and that death occurred, on the date stated above, at 1:10 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocardial insufficiency

900 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. M. Smith, M. D.
82, 1930 (Address) Beal Hosp.

*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 Leeds Mt DATE OF BURIAL 8-12-30
 19

20. UNDERTAKER A. B. Moore ADDRESS 820 E. 18.

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.

