

WRITE PEN INK, WITH UNFADING INK---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.

SEP 25 1930

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

Do not use this space.

27031

1. PLACE OF DEATH
 County Gasper Registration District No. 408
 Township Carthage Primary Registration District No. 3020
 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME Olive A Wakefield
 (a) Residence. No. 1704 Howard St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo W. Wakefield

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 2 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 5 11

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

9. BIRTHPLACE (CITY OR TOWN) East Green
 (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Andrew Leach
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Olive Leach
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.Y.
 (STATE OR COUNTRY)

14. INFORMANT Miss Nellie Wakefield
 (Address) Carthage Mo

Aug 15 30 C. H. Fitcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1930
 17. I HEREBY CERTIFY, That I attended deceased from July 22 to 13 of Aug, 1930, to _____, 1930, and that I last saw _____ alive on Aug 13, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cancer of Stomach
And complication.

50 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 1st of 1st (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? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Dr. Marie F. Snyder, D.O.
 19 (Address) Carthage 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 Reday Hill Cemetery DATE OF BURIAL 8-15 1930
 20. UNDERTAKER Ulmer - Drake ADDRESS Carthage

1000

1000

1000

1000

1000