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

Do not use this space. 3

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13073

1. PLACE OF DEATH

County: Andrew — Registration District No.: 4010 — File No.: 97

Township: — Primary Registration District No.: — Registered No.:

City: Savannah (No.: St. Joseph Sanitorium St. Ward)

2. FULL NAME: Edgar E. Wakeman

(a) Residence. No. (Usual place of abode) St., Ward. Newcastle Wyo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 18, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	2	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Workman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Sun Prairie (STATE OR COUNTRY): Wisconsin

PARENTS

10. NAME OF FATHER: Thaddeus Wakeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown (STATE OR COUNTRY): New York

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Edgar E. Wakeman (Address): Newcastle, Wyo.

15. FILED: Nov 9 31 C. J. Jeffries M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-7-1931

17. I HEREBY CERTIFY, That I attended deceased from 3-19-1931, to 4-7-1931, that I last saw h. alive on 4-7-1931, and that death occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Articular Rheumatism

56E

97 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Finding

(Signed) Willard C. Stearns, M. D.

4-7-1931 (Address) Willard C. Stearns

*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	DATE OF BURIAL
Newcastle, Wyoming	April 8 1931
20. UNDERTAKER	**ADDRESS**
Frank A. Bowman	Savannah, 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.

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