

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

Do not use this space.

21063

**1. PLACE OF DEATH**

County Dunklin  
Township Salem  
City Senath, Mo. (No. 4174)

Registration District No. 290  
Primary Registration District No. 45008

File No. \_\_\_\_\_  
Registered No. 33  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Nathan M. Wadley, Jr.

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
10 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Senath, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Nathan M. Wadley.

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

12. MAIDEN NAME OF MOTHER Audrey Mayberry

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

14. INFORMANT Nathan M. Wadley  
(Address) Senath, Mo.

15. FILED 7-1-31 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1931

17. I HEREBY CERTIFY, That I attended deceased from 5-26-31 to June 1 1931 that I last saw him alive on May 31 1931 and that death occurred, on the date stated above, at 5:00 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Enterocolitis.

1193 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.  
Unknown

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings.

(Signed) A. Glenn Davis, M. D.  
6-1 31 (Address) Senath, 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 Oak Ridge Cemetery  
Kennett, Mo.

DATE OF BURIAL June 2 1931

20. UNDERTAKER Nathan M. Wadley.

ADDRESS Senath, 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.

THIS IS A PERMANENT RECORD

JUL 24 1931

