

WRITE PLAINLY, 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.

FEB 24 1932

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

Do not use this space.

930 2

1. PLACE OF DEATH  
 County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 2019  
 City Independence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rosie Bell Wade  
 (a) Residence, No. 1513 W. College 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Byron Wade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1864

7. AGE YEARS 67 MONTHS 36 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urbana Ohio 2

FATHER  
 13. NAME William Cummings  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER  
 15. MAIDEN NAME My Jane Case Cummins  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urbana Ohio

17. INFORMANT Mr. J. P. Warren  
 (ADDRESS) 1513 W. College

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Lobb Cemetery DATE Jan 10 1932

19. UNDERTAKER Ott + Mitchell  
 (ADDRESS) Independence, Mo

20. FILED Jan 1 1932 J. H. Cook  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1922 to Jan 5 1932  
 I last saw her alive on Jan 5 1932 Death is said to have occurred on the date stated above, at 10:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Left Hemiplegia  
82 A  
 Other contributory causes of importance:  
Valvular Heart Disease

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical Was there an autopsy? C

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury (D)

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. B. Huttenlocher M. D.  
 (Address) Independence Mo

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15 6 2  
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