

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

Do not use this space.

9743

1. PLACE OF DEATH

County Way
Township Richmond
City Hennetta (No. _____)

Registration District No. 744
Primary Registration District No. 5976B

File No. _____
Registered No. 21 St. _____ Ward _____

2. FULL NAME

Wanda Colleen Dailey

(a) Residence, No. _____ 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 16th 1928</u> | | |
| 7. AGE | YEARS <u>3</u> | MONTHS <u>11</u> |
| | DAYS <u>27</u> | If LESS than 1 day, _____ hrs. or _____ min. |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u> |
| | 10. Date deceased last worked at this occupation (month and year) _____ |
| | 11. Total time (years) spent in this occupation _____ |

12. BIRTHPLACE (CITY OR TOWN) Hennetta Mo.
(STATE OR COUNTRY)

13. NAME James E. Dailey

14. BIRTHPLACE (CITY OR TOWN) Caudeville Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Lizzie True Keel

16. BIRTHPLACE (CITY OR TOWN) Hennetta Mo.
(STATE OR COUNTRY)

17. INFORMANT James E. Dailey
(ADDRESS) Hennetta Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. DATE 3-14 1932

19. UNDERTAKER A. W. Mansury
(ADDRESS) Richmond Mo.

20. FILED 3-25 1932 E. E. Day
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/12th 1932, 1932, to 3/13th 1932, 1932

I last saw him alive on 3/13th 1932, 1932. Death is said to have occurred on the date stated above, at 1.30 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebro spinal meningitis

Date of onset

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) Dr. Wm. H. D. ... M. D.
(Address) Richmond, 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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 28 1932

