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

Do not use this space.

18696

1. PLACE OF DEATH
10 County Boone — Registration District No. 79 — File No. 18
6 Township — Primary Registration District No. 4047 — Registered No.
3 City Sturgeon MO (No. ..... St. ..... Ward)

2. FULL NAME Dallas Gene Wayland

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

Length of residence in city or town where death occurred yrs. mos. 1 hr ds. How long in U.S., if of foreign birth? yrs. mos. ds.

JUL 21 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX X
4. COLOR OR RACE W
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) June 22-1932

7. AGE — YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 1 hrs. or ..... min.

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) Sturgeon
(STATE OR COUNTRY) MO

PARENTS
10. NAME OF FATHER Ova Clay Wayland
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Boone Co MO
12. MAIDEN NAME OF MOTHER Addie Bell Stidham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Boone Co MO

14. INFORMANT Ova Clay Wayland
(Address) Sturgeon MO

15. FILED 6/23 1932 E. N. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1932

17. I HEREBY CERTIFY, That I attended deceased from birth June 22, 1932, to June 22, 1932 that I last saw her alive on June 22, 1932, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died 1hr after birth
Do not know cause
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 200 B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH? ①
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) A. R. McCamas, M. D
, 19 (Address) Sturgeon 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 Harrisburg Cem. — DATE OF BURIAL June 23 1932

20. UNDERTAKER Sims & Barnes — ADDRESS Sturgeon 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.