

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

Do not use this space.

25070

1. PLACE OF DEATH

County Seatt Registration District No. 959
 Township Moreland Primary Registration District No. 6063^a
 City Benton (No. _____) St. _____ Ward _____

2. FULL NAME

Sydney Johnston Wade
 (a) Residence, No. Benton Mo St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Lillie Wade</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-10-1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>8</u>
	DAYS <u>6</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>Physician</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>213</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) (STATE OR COUNTRY)
Benton Seatt County Mo

13. NAME Dr Robert Bay Wade

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

15. MAIDEN NAME Ann Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
New Madrid Co Mo

17. INFORMANT Sydney J Wade Jr
(ADDRESS) Benton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton Cem. DATE July 18 1932

19. UNDERTAKER C. S. M. Gupston
(ADDRESS) Moreland Mo

20. FILED July 18, 1932 Cyril Winkler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1932

22. I HEREBY CERTIFY, That I attended deceased from July 16 1932, to July 16 1932
 I last saw him alive on July 15 1932 Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris complicating acute indigestion
 Date of onset _____
 Other contributory causes of importance:
118C
94A

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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 _____ 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 _____

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

(Signed) W. P. Haw M. D.
 (Address) Benton, Mo

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.

AUG 27 1932

