

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

Do not use this space.

34461

1. PLACE OF DEATH

County Shelby Co. Registration District No. 831
 Township Blacksmith Primary Registration District No. 6072
 City Shelbyville (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ 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 M. 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) Oct 17 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
13

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. 1

13. NAME Wade Edward Weekly

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

15. MAIDEN NAME Ada Lee Bayles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby

17. INFORMANT Wade Edward Weekly (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection DATE Oct 31, 1932

19. UNDERTAKER Brothers & Hawkeyes (ADDRESS) Bell

20. FILED Oct 31 1932 Emmett G. Hawkeyes Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 - 1932, to Oct 30 - 1932
 I last saw him alive on Oct 30 - 1932 Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Pneumo Pneumonia
107A 106C 107A
 Other contributory causes of importance: Bronchitis ①

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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? No
 If so, specify _____

(Signed) P. C. Archer, M. D.
 (Address) Shelbyville, 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.

NOV 29 1932

