AR 24 1933

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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 4850
Township — Primary Registration District No. 1001 — Registered No. 2[illegible]
City St. Joseph (No. 2411 Felix, St. Ward)

2. FULL NAME Walter Dade
(a) Residence, No. 2411 - Felix 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 23, 1860
7. AGE: YEARS 72 — MONTHS 2 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Douglas Candy Co.
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): Colunbia Mo.

FATHER
13. NAME: Joseph Dade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky. Unknown

MOTHER
15. MAIDEN NAME: Anna George
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Va.

17. INFORMANT (ADDRESS): Anna Montgomery 2411 Felix
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE March 2, 33 19
19. UNDERTAKER (ADDRESS): Ramsey Funeral Service 9 & Olive
20. FILED MAR 2 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 27, 33, 19

22. I HEREBY CERTIFY, That I ~~attended~~ crewed deceased ~~from~~ on Feb. 27, 1933, to, 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5:50 A m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis 930 930
Date of onset
Other contributory causes of importance: no facts
Name of operation none Date of
What test confirmed diagnosis? Clin Hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Forrest Thomas Coroner, ~~M.D.~~
(Address) 801½ Felix