

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

Do not use this space.

5606

7th PLACE OF DEATH *New Madrid*
 County *Washington* Registration District No. *55*
 Township *Freeman* Primary Registration District No. *4033*
 City _____ (No. _____) St. _____ Ward _____

File No. *10*
 Registered No. *1028*

2. FULL NAME *Wesley Wain Venada*
 (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 *3* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 20-1930</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>3</i>	<i>2</i>	<i>2</i>	<i>12</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Infant</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>none</i>			
	10. Date deceased last worked at this occupation (month and year) <i>none</i>			
				11. Total time (years) spent in this occupation. <i>none</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Harnersover mo</i>				
FATHER	13. NAME <i>Wesley Wain Venada</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cincinnati Ohio</i>			
MOTHER	15. MAIDEN NAME <i>Sally Crow</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>mo.</i>			
17. INFORMANT <i>Frank Wellman</i> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Greenway AM</i> DATE <i>Feb 2</i> 19 <i>33</i>				
19. UNDERTAKER <i>None</i> (ADDRESS)				
20. FILED <i>Mar 10 1933 M. J. Mummma</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 2* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 31*, 19*33*, to *Feb 2*, 19*33*.
 I last saw him alive on *Jan 31*, 19*33*. Death is said to have occurred on the date stated above, at *2 P.* m.
 The principal cause of death and related causes of importance were as follows:
Influenza
116
116
 Other contributory causes of importance:

Name of operation *none* Date of _____
 What test confirmed diagnosis? *Clement* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *none* Date of injury *None*, 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.
 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) *A. J. Blair*, M. D.
 (Address) *Frederic 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.

