

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

Do not use this space.

12208

1. PLACE OF DEATH

County Wright
Township Montgomery
City Montgomery (No. 14)

Registration District No. 908
Primary Registration District No. 624549

File No. _____
Registered No. 14
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Wade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 years

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant (Sen)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 10.9.1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 13. NAME Fountain Wade

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT (ADDRESS) John Wade

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery Cemetery DATE 3/27 1938

19. UNDERTAKER (ADDRESS) _____

20. FILED 3/27 1938 Jelly H. Hubbard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1938, to Mar 27, 1938. I last saw him alive on March 23, 1938. Death is said to have occurred on the date stated above, at 1:04 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis and Edema
11/7 1933
Other contributory causes of importance: HA

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) R. A. Ryan, M. D.
(Address) _____

WRITE PLAINLY, WITH UNFAADING 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.

APR 14 1938

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