

MAY 22 1933

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

Do not use this space.

12388

1. PLACE OF DEATH

10 County Boone Registration District No. 73
Township Columbia Primary Registration District No. 5112
City Columbia (No. _____) St. _____ Ward _____

File No. _____

Registered No. 94

2. FULL NAME

Fernando Harding Wade
(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 _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. F. H. Wade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retiree

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctor

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) Boon Co. Mo.13. NAME John Wade14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Martha Joins Lovin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. Va.17. INFORMANT (ADDRESS) Mrs. F. H. Wade18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE 4-30 193319. UNDERTAKER (ADDRESS) Parker Lumber Co. Columbia Ind.20. FILED 4/29/ 1933 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2 - 1931, to Apr. 28 - 1933
I last saw him alive on 4-28 - 1933. Death is said

to have occurred on the date stated above, at 4 P. m.

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

Cerebral hemorrhage June 2 -
1931

Other contributory causes of importance: Do not knowName of operation None 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? No Date of injury No, 19_____Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. D. Dyer, M. D.(Address) Columbia, 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.

