

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

Do not use this space
25567

1. PLACE OF DEATH

County Barry Registration District No. 37
 Township East Primary Registration District No. ~~30~~ 6241
 City Washburn (No.) St. Ward)

2. FULL NAME

Marolyn Aileen 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-28-1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Washburn, Mo. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Earl Wade

14. BIRTHPLACE (CITY OR TOWN) Barry Co. Mo. (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Agnus Gates

16. BIRTHPLACE (CITY OR TOWN) Washburn, Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. R. O. Nixey (ADDRESS) Washburn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washburn Home Cemetery DATE 8-5-1933

19. UNDERTAKER Washburn Home Cemetery (ADDRESS)

20. FILED 9/9 19 33 Jawell Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/3 1933, to death, 1933.
 I last saw her alive on 8/5 I. A. M. 1933. Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:

Cholera dysenteriae Date of onset 7/30/33
1200
1180 1933
 Other contributory causes of importance: stomach trouble entire life.

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) E. M. Daniel
 (Address) Cassville, 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.

SEP 26 1933

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

