

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.

MAR 6 1935

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

Do not use this space.

5903

1. PLACE OF DEATH

County Linn
Township Buckhorn
City Adair (No. 100)

Registration District No. 468
Primary Registration District No. 5629

File No. _____
Registered No. 5
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 Female 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 H. S. Wallace
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28 - 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic Missouri

13. NAME J. H. Wade

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

15. MAIDEN NAME Ellen Skelton

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

17. INFORMANT (ADDRESS) H. S. Wallace
Adair Mo. R. 2, S. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wade family DATE 2-8 1935

19. UNDERTAKER (ADDRESS) H. S. Wallace
Adair Mo.

20. FILED 2-10 1935 Raura O. Crossady
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1935 to Feb. 6th 1935
I last saw him alive on Feb. 6th 1935. Death is said to have occurred on the date stated above, at 4:10 P. M.
The principal cause of death and related causes of importance were as follows:

Date of onset 1935
Arteriosclerosis

97
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Symptoms Was there an autopsy? no

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) W. H. Lester, M. D.
(Address) Marionville Mo.

