

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

Do not use this space.

8262

1. PLACE OF DEATH

County Baldwell
 Township Hamilton
 City Hamilton (No. _____)

Registration District No. 96
 Primary Registration District No. 4008

File No. _____
 Registered No. 6
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 50 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm J. McBrayer</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 2 1863</u>					
7. AGE		YEARS <u>72</u>	MONTHS <u>11</u>	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	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) <u>Hartstown Penn.</u>					
FATHER	13. NAME <u>James Wade</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hartstown Penn.</u>				
MOTHER	15. MAIDEN NAME <u>Phoebe Kraby</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
17. INFORMANT <u>M J McBrayer</u> (ADDRESS) <u>Hamilton Mo</u>					
18. BURIAL CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>Apr 2 1935</u>					
19. UNDERTAKER <u>Nettie Houghton</u> (ADDRESS) <u>Hamilton Mo</u>					
20. FILED <u>April 2 1935</u> <u>Mule Brown</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30 1935

I HEREBY CERTIFY, That I attended deceased from May 20 1927, to Mar 30 1935
 I last saw her alive on Mar 28 1935. Death is said to have occurred on the date stated above, at 7 0 p. m.

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

Very marked hypertrophy of heart (valvular insufficiency) 920

Other contributory causes of importance:

Extensive atheroma

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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) Lee J. Eads, M. D.
 (Address) Hamilton 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.

APR 2 5 1935

