

MAY 8 1935 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

13947

1. PLACE OF DEATH
 County Polk Registration District No. 705
 Township Benson Primary Registration District No. 5934
 City Hallspurg (No.) St. Ward)
 2. FULL NAME Thomas Robert Wainwright
 (a) Residence No. St. Ward. (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.

File No.
 Registered No. 5
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachel Wainwright
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 - 54
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 5 29
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 10. NAME OF FATHER Ed Wainwright
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
 12. MAIDEN NAME OF MOTHER Alice Hollman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England
 14. INFORMANT R. H. ...
 (Address) Nathury
 15. FILED 4-27-35 May 2nd 1935 acting REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 15 1935
 17. I HEREBY CERTIFY, That I attended deceased from 3-11, 1932, to 4-15, 1935 that I last saw h. alive on 4-15, 1935, and that death occurred, on the date stated above, at 4-15 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
occlusion of coronary artery
 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED 94th
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? NO DATE OF
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS 12-11-11
 (Signed) R. H. ... M. D.
 , 19 (Address) Hallspurg Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sherry Dale Kansas DATE OF BURIAL Apr 17 1935
 20. UNDERTAKER Matthews - Blue Bolivar
 ADDRESS

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.

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