

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

Do not use this space.

JUN 3 1935

14001

1. PLACE OF DEATH

County FRANKLIN Registration District No. 735 File No. _____
 Township _____ Primary Registration District No. 2034 Registered No. 77
 City Moberly (No. McCormick Hospital St. _____ Ward _____)

2. FULL NAME JOHN E WAILE

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

Length of residence in city or town where death occurred yrs. 2 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) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>About 53</u>	<u>—</u>	<u>—</u>	<u>—</u>	

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

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) Unknown

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) J. J. Walker
Knoxville, Ia.

18. BURIAL, CREMATION, OR REMOVAL PLACE KNOXVILLE, Ia. DATE 7/12 1935

19. UNDERTAKER SNOW FUNERAL HOME
(ADDRESS) Moberly, Mo.

20. FILED 7/11 1935 Virginia Walker (Address) Moberly, Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1935 to April 10 1935

I last saw him alive on April 10 1935. Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Septicemia of Brain Date of onset 3/9/35

Other contributory causes of importance:

Concussion of Brain due to auto accident.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 4/10 1935

Where did injury occur? Moberly, Mo. (Specify city or town, county, and State)

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

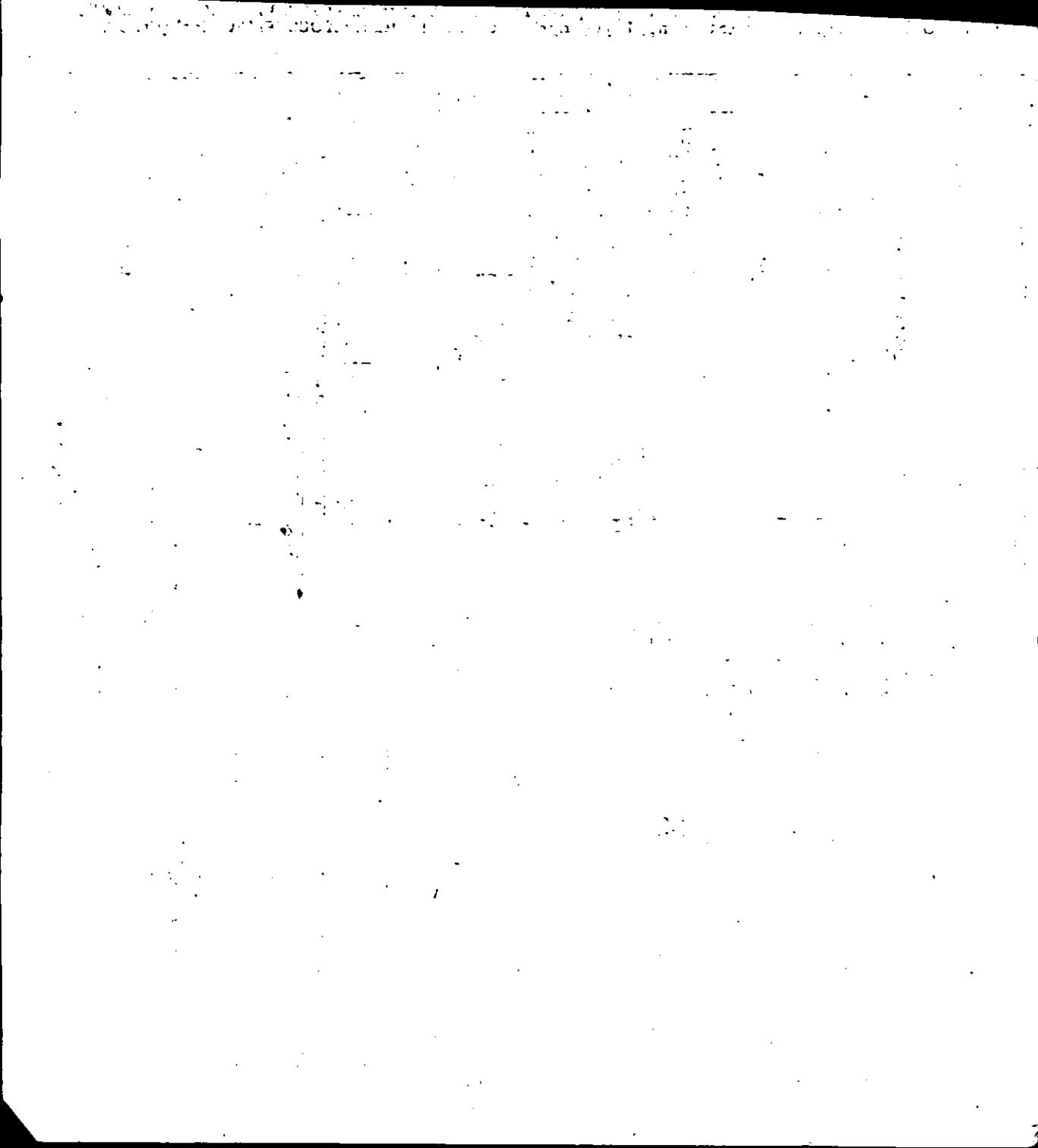
Manner of injury auto accident

Nature of injury Concussion of Brain

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

If so, specify _____ (Signed) J. J. McCormick, M. D.

(Address) Moberly, Mo.



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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township
City Moberly (No. _____)

Registration District No. 735-
Primary Registration District No. 3034

File No. _____
Registered No. 77
St. _____ Ward)

2. FULL NAME

John E. Madle

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>53</u>	
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED 7/1 1935 Virginia C. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance:
Concussion of Brain due to auto accident. Rupture of spleen which was parked on highway. 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) _____, M. D.

(Address) _____

SUPPLEMENTARY

JUN 15 1935

S-14001