

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.

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

Do not use this space.

**MAY 24 1935**

17137

**1. PLACE OF DEATH**

County Madison Registration District No. 5270  
 Township Madison Primary Registration District No. 5270  
 City Hannibal (No. Leaping Hospital)

File No. \_\_\_\_\_  
 Registered No. 6165  
 St. 6 Ward

**2. FULL NAME**

(a) Residence, No. 1501 Fern St. 6 Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 18 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Luther Wade</u>    |  | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>April 6-1877</u>              |   |  |
| 7. AGE YEARS<br><u>58</u>   | MONTHS<br><u>1</u>   | DAYS<br><u>21</u>   | If LESS than 4 day, ..... hrs. or ..... min.          |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....<br><u>at home</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)<br><u>Missouri</u>  |   |   |  |
| FATHER  | 13. NAME<br><u>Olijah Stull</u>  |   |   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Don't know</u>  |   |   |  |
| MOTHER  | 15. MAIDEN NAME<br><u>Sarah Burkes</u>   |   |   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>don't know</u>  |   |   |  |
| 17. INFORMANT <u>Luther Wade</u><br>(ADDRESS) <u>Hannibal Mo.</u>                     |  |   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Olive Cem.</u> DATE <u>May 29-1935</u> |  |   |   |  |
| 19. UNDERTAKER <u>Tom J. Schmitt</u><br>(ADDRESS) <u>Hannibal Mo.</u>                 |  |   |   |  |
| 20. FILED <u>June 1, 1935</u> <u>P. D. Schuster</u><br>Registrar                      |  |   |   |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1935, to May 28, 1935.  
 I last saw h. l. alive on May 27, 1935. Death is said to have occurred on the date stated above, at 2 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:  
135

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray 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) A. B. Blue, M. D.  
 (Address) Hannibal Mo.

