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.

SEP 25 1935

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

Do not use this space.

27252

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 245
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. Bothwell Hospital St. Ward)

2. FULL NAME Infant Boy of Mr + Mrs H. A Wade
(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: M
4. COLOR OR RACE: W
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): Aug 1 - 1935
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 5 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): Sedalia Mo

FATHER
13. NAME: H. A Wade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Virginia

MOTHER
15. MAIDEN NAME: Susan Herbst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mich

17. INFORMANT (ADDRESS): Mr H. A Wade Sedalia
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem Park DATE 8/2/35 19
19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia
20. FILED Aug 2, 1935 Jean Slack Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 1, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935 to , 19
I last saw him alive on Aug 1st, 1935. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth 6½ months | |

Other contributory causes of importance:

Name of operation 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) Carl Bohling, M. D.
(Address) Sedalia Mo