

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.

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

Do not use this space.

JAN 18 1936

39440

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 393
St. Ward)

2. FULL NAME

(s) Residence, No. 617 W Maple 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lebbie Wait</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14, 1845</u>		
7. AGE YEARS <u>90.</u>	MONTHS <u>4</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Plumber</u>		11. Total time (years) spent in this occupation.....
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).....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Dec 24, 1935

I last saw 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:

Acute Dilatation Heart Date of onset 12/24

Other contributory causes of importance: hypertension ?
Chronic Self-Administered ?
Myocarditis Chronic ?
Encephalitis Epidemic 1933

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) , M. D.
(Address)

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	13. NAME <u>Jonathan Wait</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	15. MAIDEN NAME <u>Connie Finch</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	17. INFORMANT (ADDRESS) <u>Mr. M. S. Landis</u> <u>617 W. Maple</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>Dec 26</u> , 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>Ott + Mitchell</u> <u>Independence Mo.</u>	
20. FILED <u>12-26-35</u> 19 <u>35</u> <u>J. L. Cook</u> Registrar	

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