

MAR 19 1936

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

Do not use this space.

5609

1. PLACE OF DEATH

County Henry Registration District No. 358
Township Collamore Primary Registration District No. 5502
City Sutton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME

Lewis David Wade

(a) Residence, No. Sutton mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M Martha Wade

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Feb 24, 1936. I last saw him alive on Feb 23, 1936. Death is said to have occurred on the date stated above, at 1.0 P.m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 2 9

Cancer of face bladder

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

Other contributory causes of importance Smoking

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnston co mo

13. NAME Bal Wade

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John B Wade (ADDRESS) Lawrence road

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee DATE 2-26 1936

19. UNDERTAKER Williamson funeral (ADDRESS) Clinton

20. FILED Feb 29 1936 E. G. Hiler Registrar.

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? No
If so, specify _____
(Signed) J. P. _____ M. D.
(Address) Sutton, Mo

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.

Earl Kiddle