

MAR 24 1936

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

Do not use this space.

7002

1. PLACE OF DEATH

County Newton
Township Granby
City Granby (No. _____) St. _____ Ward _____

Registration District No. 614Primary Registration District No. 4353File No. 26Registered No. 4

2. FULL NAME

David Wilkins Wade
(a) Residence, No. Granby St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Letitia Ann Wade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 3 13

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

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) Deerfield13. NAME Ernest Wade14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alley15. MAIDEN NAME Mary Street16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alb17. INFORMANT (ADDRESS) Mary Ann Wade18. BURIAL, CREMATION, OR REMOVAL PLACE Granby Mo DATE Feb 21, 193619. UNDERTAKER (ADDRESS) Popple Funeral Home20. FILED Feb 21, 1936 M F Rowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Feb 20, 1936

Last saw him alive on Feb 15, 1936. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Prostatic enlargementDate of onset Nov

Other contributory causes of importance:

Paralytic rigidityNov

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 Prostatic(Signed) M F Rowe, M. D.(Address) Granby Mo

