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.

Dr Deeley

APR 15 1936

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

Do not use this space.

9037

1. PLACE OF DEATH

County Adair — Registration District No. 4 — File No.

Township — Primary Registration District No. 3001 — Registered No. 54

City Kirksville (No. , St. Ward)

2. FULL NAME "Baby" Waddill

(a) Residence, No. A. S. O. Hospital St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-9-1936

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 2 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): Kirksville Missouri

FATHER

13. NAME: Everett Waddille

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adair Co Missouri

MOTHER

15. MAIDEN NAME: Bessie Browning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Humphery Missouri

17. INFORMANT (ADDRESS): Everett W. Waddille North Salem Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Carmel Cem., DATE: March 12, 1936

19. UNDERTAKER (ADDRESS): Dee Riley Kirksville Mo.

20. FILED: April 6, 1936 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936, to March 10, 1936

I last saw her alive on March 10, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Congenital Debility

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Date of onset

Other contributory causes of importance:

Prematurity.

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) Jhy H Wenberg D.O., M. D.

(Address) Kirksville