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.

MAR 25 1936

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

Do not use this space.

13683

1. PLACE OF DEATH
County Scott — Registration District No. 821 — File No.
Township Richland — Primary Registration District No. 4553 — Registered No.
City Sikeston (No. , St. Ward)

2. FULL NAME Louis Wade
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Done Know
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Done Know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10 1891
7. AGE: YEARS 44 — MONTHS 9 — DAYS 0 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
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): Dallas Texas

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Charity Baker Charleston Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston DATE Mar 15, 1936
19. UNDERTAKER (ADDRESS): H J Welch Sikeston Mo
20. FILED 3-17, 1936 Geo H Prewell 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 Jan 16, 1936, to March 10, 1936
I last saw him alive on March 10, 1936 Death is said to have occurred on the date stated above, at 11.50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac	
Valvular Disease	1932
Other contributory causes of importance:	
Lues	
Luetic Aortitis	1933

Name of operation Date of
What test confirmed diagnosis? Lab. & Clinical Was there an autopsy? No

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) Thomas C. McClure, M. D.
(Address) Sikeston Mo.