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.

MAY 20 1936

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

Do not use this space.

14739

1. PLACE OF DEATH
County Franklin — Registration District No. 297
******St. Francis Hosp. — Primary Registration District No. 3016
City Washington (No. ..... St. ..... Ward)

File No. .....
Registered No. 31

2. FULL NAME LYDIA JOHANNA WADE**
(a) Residence, No. RFD#3 Eureka, Mo. St. ..... Ward. Eureka, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) Mar. 1936
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Missouri

FATHER
13. NAME Henry Oberhaus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Amelia Beckman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Ben Wade, Eureka, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Allenton, Mo. DATE 4/6/36, 19....

19. UNDERTAKER Thiebes & Son,
(ADDRESS) Pacific, Mo.

20. FILED Apr. 4, 1936 N. A. May, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3/36, 19....

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 1936, to 4/3, 1936
I last saw h[illegible] alive on 4/3, 1936 Death is said to have occurred on the date stated above, at 8:55PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar),	3/26/36
10	

Other contributory causes of importance:
8 months pregnant

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) J. C. Marshall, M. D.
(Address) Union Mo