

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.

JUN 17 1936

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

Do not use this space.

18589

1. PLACE OF DEATH

County Buchanan Registration District No.
Township St Joseph Mo. Primary Registration District No.
(No. M. E. Hospital)

File No.
Registered No. 673
St. Ward)

2. FULL NAME

(a) Residence, No. Osborne Mo. 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

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roscoe Droxell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10 1898</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>2</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/5/36 19... to 5/6/36 19...
I last saw her alive on May 6 1936 Death is said to have occurred on the date stated above, at 8:30 am
The principal cause of death and related causes of importance were as follows:

Date of onset 4/28/36

Lobar pneumonia

1088

Other contributory causes of importance:
myocardial insufficiency

MOTHER FATHER

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

13. NAME Wilmar R Wade

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

15. MAIDEN NAME Ora Webster

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

17. INFORMANT Roscoe Droxell
(ADDRESS) Osborne Mo.

Name of operation Date of
What test confirmed diagnosis? lin Was there an autopsy? no

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cameron Mo DATE May 8 1936

19. UNDERTAKER J. G. Taylor
(ADDRESS) St Louis Mo

20. FILED May 7 1936 J. H. Heston
Registrar.

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) M. S. Hale M. D.
(Address) Osborne Mo.

