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.

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No. 40374
Township Columbia — Primary Registration District No. 3006 — Registered No. 321
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Margaret Ann Wade
(a) Residence, No. 1003 Wilks St., 1 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Wade
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1856
7. AGE YEARS 80 MONTHS 0 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Boone Co. Missouri

FATHER
13. NAME Daniel Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Harriet Adair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Thomas Wade Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Union (Regp) DATE 11-30, 1936
19. UNDERTAKER (ADDRESS) Parker F Co (WHW) Columbia, Mo.
20. FILED 11/30/1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28, 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to 11-28, 1936
I last saw her alive on 11-28, 1936 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Embolus of lower left lung
Date of onset

Other contributory causes of importance:
General Arterio-Sclerosis
Senile Dementia

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 .....
(Signed) Stephen D Smith, M. D.
(Address) Columbia, Mo.