

APR 17 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County FranklinTownship WashingtonCity Washington

(No.)

Registration District No. 29-287Primary Registration District No. 641336thFile No. 47907

Registered No.

St.

Ward)

2. FULL NAME

Unnamed

(a) Residence, No.

St.

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

Female

4. COLOR OR RACE

White

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)

Mar. 30, 1936

7. AGE

-- YEARS

MONTHS

DAYS

IF LESS than 1 day, 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)

Washington Mo.

MOTHER FATHER

13. NAME

Ben Wade

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

Eureka Mo.

15. MAIDEN NAME

Lydia Oberhaus

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

St. Louis Mo.

17. INFORMANT (ADDRESS)

Ben WadeEureka, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Allenton, Mo.DATE Mar. 31, 36

19. UNDERTAKER (ADDRESS)

20. FILED

4-8

1936

J. R. Marshall

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar. 3036

22. I HEREBY CERTIFY, That I attended deceased from

mid. 30, 1936 to 19I last saw him alive on late Mar. 19 Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Still born
Asphyxia Neonatorum

Other contributory causes of importance:

Mother has pneumonia

Name of operation

Date of

What test confirmed diagnosis? Chinist 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. R. Marshall

, M. D.

(Address)

Union Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

