

FEB 17 1937

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

Do not use this space.

1125

1. PLACE OF DEATH

County Franklin
Township West Plains
City West Plains (No.)

Registration District No. 284
Primary Registration District No. 4227

File No.
Registered No.
St. Ward)

2. FULL NAME William Wadley

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Jane Dyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June-22-1868</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>6</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired 762</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ry Carpenter</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation <u>2</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puduech Ky 31

13. NAME Unknown 3

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 3

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. A. R. Thayer - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer, Mo. DATE 1-20, 1937

19. UNDERTAKER (ADDRESS) Geo. Carr of Thayer, Mo.

20. FILED 1-19, 1937 Vida W. SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-37

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4th, 1937, to Jan. 18th, '37, 19.
I last saw him alive on Jan. 18th, 1937. Death is said to have occurred on the date stated above, at 1:25 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia, rt. lung. 12/26/86

Other contributory causes of importance: Myocarditis, chr. ?

Name of operation NONE Date of X
What test confirmed diagnosis? 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? NO
If so, specify At. Lou Lough, M. D.
(Signed) At. Lou Lough
(Address) West Plains, 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.

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