

WAR 131937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 109 File No. 6396
Township 1 East Primary Registration District No. 202 Registered No. _____
City Kansas City (No. Reserve Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Alice Wade

(a) Residence, No. _____ St. _____ Ward Platte City, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 James G. Wade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1902

7. AGE YEARS 34 MONTHS 11 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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. _____

10. Date deceased last worked at this occupation (month and year) Jan 2, 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co., Mo.

13. NAME Frank Stubbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co., Mo.

15. MAIDEN NAME Sarah E. Holliday

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Jesse Wade, Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City, Mo. DATE 2-13-37

19. UNDERTAKER (ADDRESS) P. F. Roccini, Platte City, Mo.

20. FILED 2-11-37 M. M. Brown, Reg.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to Feb 11, 1937

I last saw him alive on Feb 11, 1937. Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Pneumonia Date of onset _____

Other contributory causes of importance: Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____ (Signed) W. J. Spelman, M. D.

(Address) Platteville, 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.

