

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Platte Registration District No. 696 File No. 7684
 Township Carroll Primary Registration District No. 5924 Registered No. 5
 City (No. St. Ward)

2. FULL NAME JAMES FRANKLIN WADE

(a) Residence, No. St. 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Stubbs		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1900		
7. AGE	YEARS	MONTHS
	36	3
		DAYS
		23
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer
	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...entire

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Clay Co. Mo.**13. NAME **Daniel Wade**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Clay Co. Mo.**15. MAIDEN NAME **Eva Jackson**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Clay Co. Mo.**17. INFORMANT **Daniel Wade**
(ADDRESS) **Platte City, Mo.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Platte City** DATE **2-8-37**19. UNDERTAKER **L. F. Rollins**
(ADDRESS) **Platte City, Mo.**20. FILED **3/1** 1937 **Mrs. Francis E. Murray**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 5, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 28, 1937** to **Feb. 5, 1937**
 last saw h. r. alive on **Feb. 5, 1937**. Death is said to have occurred on the date stated above, at **11a** m.

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

Date of onset

Bronchial Pneumonia

Other contributory causes of importance:
Influenza
Myocarditis-acute

Name of operation Date of

What test confirmed diagnosis? **E.C.** 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, 19Where 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. E. Spelman** M. D.
 (Address) **Smithville, 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.

