

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH

County Monroe

Registration District No. 581

File No. 12706

Township

Primary Registration District No. 4343

Registered No. 8

City Monroe City (No. _____)

St. _____ Ward _____

2. FULL NAME Louisa Anna Wade

(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 63 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) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 5th 1937

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF J. O. Wade

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1936, to March 5th, 1937

I last saw her alive on March 5th, 1937. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 13 - 1862

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
75 1 20

Acute malignant edema of the throat & lungs since 1935
from bacterial meningitis & abdominal abscess
40

Other contributory causes of importance:
Chronic (bacterial) meningitis since 1935
peritonsillar abscess
meningitis & abdominal abscess

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Louisiana mo.

13. NAME Felix Wunch

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

15. MAIDEN NAME Mary Margreiter

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

17. INFORMANT B. F. Wunch

18. BURIAL, CREMATION, OR REMOVAL St. Jude's Cemetery DATE Mar. 7th 1937

19. UNDERTAKER Wilson & Son

(ADDRESS) Monroe City mo.

20. FILED 3-6-1937 W. D. Pipkin

Registrar.

Name of operation None Date of _____

What test confirmed diagnosis meningitis Was there an autopsy? Yes

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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. D. Pipkin, M. D.
(Address) Monroe City mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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