

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

Dr. Ronald Elkies
Do not use this space.

1. PLACE OF DEATH

County Greene

Township Springfield

City Springfield (No. 711 College)

Registration District No. 318

Primary Registration District No. 2001

File No. 20041

Registered No. 3734

St. 2

Ward

2. FULL NAME George Washington Waddill, 1

(a) Residence, No. 711 College

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marta McClure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-5-1850

AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
<u>86</u>	<u>5</u>	<u>12</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) 1-9-25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County, Missouri

13. NAME Samuel D. Waddill

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

15. MAIDEN NAME Mary McElhany

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

17. INFORMANT W. P. Waddill

18. BURIAL, CREMATION, OR REMOVAL PLACE Greencastle Cem. Walnut Grove DATE 7/19/37

19. UNDERTAKER Wm. F. Frazier Service

20. FILED May 19, 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to May 17, 1937

I last saw him alive on May 16, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

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

Bronchial Pneumonia

Other contributory causes of importance: 131

Name of operation Clastic Renal Vasculer

Name of operation Dissect Date of

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) Ronald F. Elkies, M. D.
(Address) Springfield 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.

2280

1911

1912

1913