

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Andrew*

Registration District No. *26*

File No. *44578*

Township *East Bush*

Primary Registration District No. *3002*

Registered No. *196*

City *Meramec Mo*

(No. ....)

St. .... Ward) .....

2. FULL NAME *William A. Wayne*

(a) Residence, No. *1135 W. Brookbridge* St. *3rd* Ward. ....  
(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

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Sally B. Sautberry Wayne*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 21 - 1849*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*88 0 10*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *26*

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) *Andrew Co. Mo.*

13. NAME *Temple Wayne*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Sally Anne Johnson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT *Vision Wayne* (ADDRESS) *Mexico Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mexico Mo.* DATE *Jan 1st 1938*

19. UNDERTAKER *McPheters Bros.* (ADDRESS) *Mexico Mo.*

20. FILED *Dec 31 1937* *B. Lanche Neely* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 31 - 12/15 AM, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 23*, 1937, to *Dec 30*, 1937

I last saw him alive on *Dec 30*, 1937. Death is said to have occurred on the date stated above, at *12* A.M.

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

*Generalized arteriosclerosis  
Chronic myocarditis  
and myocardial degeneration*

Date of onset *1930*

*1937*

Other contributory causes of importance: *930*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *✓*

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) *K. E. Mauvel*, M. D.

(Address) *Mexico, 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.

