W. Eldridge

REC'D JUL 11 1938

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

21682
Do not use this space.

1. PLACE OF DEATH

(a) County Cole — Registration District No. 213

(b) Township Jefferson — Primary Registration District No. 5293 — Registered No. 175

(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Cynthia Jane Wade 300

(a) Residence, No. R.F.D.31, Elston, Mo St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Emmet Wade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-3-1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. ..... "
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) Elston, Mo. 0

FATHER
13. NAME John Steely 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole 0

MOTHER
15. MAIDEN NAME Rebecca Shane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

17. INFORMANT (ADDRESS) Vernon Wade
Jefferson City, Mo. R.#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elston, Mo. DATE 6/3 1938

19. FUNERAL DIRECTOR (NAME) Thos. J. Gordon
(ADDRESS) Jefferson City, Mo.

20. FILED 6/4/ 1938 Bedford M. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 2, 1938
I last saw her alive on June 2, 1938. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
108	3 days
Lobar pneumonia	

Other contributory causes of importance:
Chr. Arthritis

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? .....
If so, specify .....
(Signed) M. R. Eldridge M. D.
(Address) Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Thomas J. Gordon, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Thomas J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.