

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.

REC'D JUL 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Worth
 Township Union
 City _____ (No. _____)

Registration District No. 904
 Primary Registration District No. 6213

File No. 23213
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Bernardo D Wake St. _____ Ward _____

(Usual place of abode) Sheridan

Length of residence in city or town where death occurred 72 yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Wake.</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3 - 1866</u> | | |
| 7. AGE <u>72</u> | YEARS <u>0</u> | MONTHS <u>28</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>in home</u> |
| | 10. Date deceased last worked at this occupation (month and year) _____ |
| | 11. Total time (years) spent in this occupation _____ |

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| 12. BIRTHPLACE (CITY OR TOWN) <u>Worth</u> (STATE OR COUNTRY) <u>Mo</u> |
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| |
|-----------------------------|
| 13. NAME <u>Alfred Wake</u> |
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| 14. BIRTHPLACE (CITY OR TOWN) <u>England</u> (STATE OR COUNTRY) _____ |
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| 15. MAIDEN NAME <u>Melvin Barnes</u> |
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| 16. BIRTHPLACE (CITY OR TOWN) <u>N. Y. State</u> (STATE OR COUNTRY) _____ |
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| 17. INFORMANT <u>Mrs R. D. Wake</u> (ADDRESS) <u>Sheridan Mo.</u> |
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| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paducah</u> DATE <u>6/2</u> <u>38</u> |
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| 19. UNDERTAKER <u>Longford Bond</u> (ADDRESS) <u>Sheridan Mo.</u> |
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| 20. FILED <u>June 2, 1938</u> <u>Mrs O. H. Bond</u> Registrar. |
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 193822. I HEREBY CERTIFY, That I attended deceased from Dec 1 1937, to May 31 1938I last saw him alive on May 26 1938. Death is saidto have occurred on the date stated above, at 10 P. m.

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

General Physical & Mental BreakdownOther contributory causes of importance: 162

Name of operation _____ Date of _____

What test confirmed diagnosis inspection and were 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) Sto Gang _____ M. D.826 (Address) Sheridan Mo

