

REC'D SEP 9 1938

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

29210
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galeha Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 3104 Joplin 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 James H. Wadleigh

(a) Residence, No. 3104 Joplin 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27-38

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flossie Wadleigh

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him dead August 27, 1938 alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, m. 8:27/38. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 6 22

Suicide by shooting self in chest with .38 Cal. rifle
 Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 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 _____

Other contributory causes of importance: Dependancy

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galeha, Kansas

FATHER 13. NAME George A. Wadleigh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

MOTHER 15. MAIDEN NAME Amelia Anderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Mrs. J. H. Wadleigh
3104 Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE August 29, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill Dillon
Joplin, Mo.

20. FILED 8-29-38 Ed J. Jones Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 8-27-38
 Where did injury occur? Joplin, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home - Joplin, Mo.
 Manner of injury gunshot in chest
 Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. J. Winchester Coroner M. D.
372 Joplin, Mo. (Address)

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,

Don Tetruck

....., or by

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

Signed.....

Don Tetruck

Licensed Embalmer No.....

4008

P. O. Address.....

Joplin, Mo

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

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