

REC'D OCT 26 1938

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

33084
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski ✓
(b) Township Callan
(c) City _____

Registration District No. 713
Primary Registration District No. 5942

Registered No. _____

(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

Richard Wallace Wade (Stillborn 301)

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Mo.

FATHER 13. NAME Henry Richard Wade

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Mo.

MOTHER 15. MAIDEN NAME Florence Crumley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Mo.

17. INFORMANT (ADDRESS) Henry R. Wade Spring Creek, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Denman Cem. DATE Sept 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) Fred Graham Spring Creek, Mo.

20. FILED 9/26 1938 W. H. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938 to Sept 20, 1938

I last saw him alive on Sept 20, 1938 Death is said to have occurred on the date stated above, at Spring Creek, Mo.
The principal cause of death and related causes of importance were as follows:

Precipitated labor (with cranial hemorrhage)
Date of onset Sept 20, 1938

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide no Date of injury _____, 19____

Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) C. Mallett, M. D.
W. H. ... (Address) Spring Creek, Mo.

Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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