REC'D AUG 18 1939

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

26297
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe 2 Registration District No. 579
(b) Township Marion 1 Primary Registration District No. 5776 B Registered No.
(c) City Madison (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 300 Alice Dora Wade
(a) Residence, No. 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cliff Wade
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/--/1863
7. AGE YEARS 75 MONTHS 10 DAYS xx If LESS than 1 day, hrs. or min.

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) Monroe County, Mo

FATHER
13. NAME John W. Dry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Nancy McKinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Mo

17. INFORMANT (ADDRESS) Earle Dry Madison, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE July 20, 19 9
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred A. Thompson Madison, Mo
20. FILED 7/18, 1939 Mathew A. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/18, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939, to July 18, 1939
I last saw her alive on July 18, 1939 Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
82 W
Other contributory causes of importance: Arterio-Sclerosis — W.K.
Name of operation 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? 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) Geo. M. Ragsdale, M. D.
512 (Address) Paris Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 8'39-1484
Date Filed AUG 12 1939

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, ...

, or by .....

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

Signed Fred G. Thompson

Licensed Embalmer No. 1420

P. O. Address.....

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.