

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.

11 1920

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

Do not use this space.

1. PLACE OF DEATH
 County Worth Registration District No. 904
 Township East Union Primary Registration District No. 6215-
 City Sutton No. _____ St. _____ Ward _____
 2. FULL NAME Fred Barner Wake
 (a) Residence, No. 111111 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 8564
 Registered No. _____
 St. _____ Ward _____

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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1901
 7. AGE YEARS 38 MONTHS 6 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Worth Co (STATE OR COUNTRY) Missouri
 MOTHER FATHER
 13. NAME R. N. Wake
 14. BIRTHPLACE (CITY OR TOWN) Sutton (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Cora Husley
 16. BIRTHPLACE (CITY OR TOWN) Clack Co (STATE OR COUNTRY) Missouri
 17. INFORMANT Cora Wake (ADDRESS) Sutton Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sutton DATE 7/6 19____
 19. UNDERTAKER Grog & Boyd (ADDRESS) _____
 20. FILED Feb. 6, 1920 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1920
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Heart Failure
 Other contributory causes of importance: 2DDA
 Name of operation _____ Date of _____
 What test confirmed diagnosis Obit 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? _____
 If so, specify Engineering Coroner
 (Signed) _____ (Address) Sutton Mo

