

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 15 1940

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

21352
Do not use this space.

1. PLACE OF DEATH

(a) County CALLAWAY Registration District No. 104
(b) Township FULTON Primary Registration District No. 3008 Registered No. 162
(c) City FULTON (d) Street No. MISSOURI HOSPITAL No. 1 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 5 yrs. 11 mos. 5 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

BETTIE LEE WADE
(a) Residence, No. NEW MADRID, MO. 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 Female 4. COLOR OR RACE Negro 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) ? ? 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 04. 04. _____

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Co., Mo.

FATHER 13. NAME WILLIE WADE (Dec.)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Co., Mo.

MOTHER 15. MAIDEN NAME SISSIE WADE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Co., Mo.

17. INFORMANT (ADDRESS) HOSPITAL RECORDS

18. BURIAL, CREMATION, OR REMOVAL PLACE Sand Hills DATE June 26 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Richardson and Co. New Madrid, Mo.

20. FILED June 24 1940 A. N. Crew Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 23 1940

22. I HEREBY CERTIFY, That I attended deceased from June 23 1940, to June 23 1940
I last saw h. or alive on June 23 1940 Death is said to have occurred on the date stated above, at 4:20 pm.
The principal cause of death and related causes of importance were as follows:

GENERAL PARALYSIS OF THE INSANE

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? LABORATORY 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 _____
(Signed) George E. Moore, M. D.
Fulton, Missouri (Address)

NOV 23 1948

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.....

Geo. Hedgcock

Licensed Embalmer No.....

3803

P. O. Address.....

New Madrid, 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.