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

Do not use this space.

30676

NOV 26 1927

1. PLACE OF DEATH

County: Jasper — Registration District No.: 408

Township: — Primary Registration District No.: 3020

City: Carthage (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME: Mable K. Wakefield

(a) Residence. No. 1027 S. McGregor St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Willard W Wakefield

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 16-1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	1	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Benton Co. Iowa.

PARENTS

10. NAME OF FATHER: John Holt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER: Alice Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Iowa

14. INFORMANT: W W Wakefield (Address) Carthage, Mo

15. FILED Oct 15, 1927. S. B. Clinton, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1927, to Oct. 14, 1927, that I last saw her alive on Oct. 14, 1927, and that death occurred, on the date stated above, at 4:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Tubercular Peritonitis

25

33

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No. DATE OF. X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Specific Blood Tests and microscopical examination of secretions

(Signed) W. B. Boyd, M. D

Oct. 16, 1927 (Address) Carthage, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Park Cemetery — DATE OF BURIAL: 10-16 1927

20. UNDERTAKER: Ulmer-Drake — ADDRESS: Carthage

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.