

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

Do not use this space.

12986

**1. PLACE OF DEATH**

County Grundy  
Township Galt  
City Galt (No. ....) St. .... Ward)

Registration District No. 327  
Primary Registration District No. 4194

File No. ....  
Registered No. 9

**2. FULL NAME Mary Belle Wade**

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

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y 27 - 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
<u>58</u>	<u>1</u>	<u>11</u>		

**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) Grundy Co Mo

10. NAME OF FATHER Wm Rooks

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

12. MAIDEN NAME OF MOTHER Elizabeth Martin

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

14. INFORMANT Ed Wade  
(Address) Galt Mo

15. FILED 4-9-29 H C Weston  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 9 1928

17. I HEREBY CERTIFY That I attended deceased from 4-6-28, 1928, to 4-9-28, 1928 that I last saw her alive on 4-9-28, 1928, and that death occurred, on the date stated above, at 9:15 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia febrile double  
Lobar 108  
1010 69th

CONTRIBUTORY (SECONDARY) Toxemia  
(duration) yrs. mos. 4 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. yes

0 DID AN OPERATION PRECEDE DEATH. no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? C. Clinical  
(Signed) H C Weston, M. D.

4-9-28 (Address) Galt 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 Kop. Cem. Galt Mo DATE OF BURIAL 4-10 1928

20. UNDERTAKER R Bayne ADDRESS Galt Mo

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.

