Hospital

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

Do not use this space.

1. PLACE OF DEATH

10 County Boone — Registration District No. 75 — File No. 7392

Township Perche — Primary Registration District No. 5114 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs Renie Ann Wade.

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

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: June 29 - 1875

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: Years 56 — Months 8 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Boone Co Mo. 1

FATHER

13. NAME W. T. Via
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. 2

MOTHER

15. MAIDEN NAME Nanie Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo. 1

17. INFORMANT (ADDRESS) Mr. Emmit Wade R.F.D. Columbia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 3/28 1932

19. UNDERTAKER (ADDRESS) Parker Fuller Co Tom Hill Hwy Columbia Mo

20. FILED 4-10 1932 Mrs H. Gullett Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 27th, 1932, to Mar 25th, 1932. I last saw her alive on Mar 25th, 1932. Death is said to have occurred on the date stated above, at 12 Midnight. The principal cause of death and related causes of importance were as follows:

Cholecystitis 131 — Date of onset

127B

131 (1)

Other contributory causes of importance:

Chronic Bright's Disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Lloyd Simpson, M. D.

(Address) Columbia Mo

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.

APR 25 1932