

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

AUG 19 1937

26851

1. PLACE OF DEATH

County *Cape Girardeau*

Registration District No. *124*

Township *Jackson*

Primary Registration District No. *4076*

City *Jackson* (No. *1*)

File No. *26*

Registered No. *26*

St. *7* Ward

2. FULL NAME

Burrell Wade

(a) Residence, No. *1* St. *7* Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 9 - 1937*

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

22. I HEREBY CERTIFY That I attended deceased from *Aug 23 1936* to *July 9 - 1937*

I last saw *him* alive on *June 28 1937* Death is said to have occurred on the date stated above, at *2:10* p.m.

The principal cause of death and related causes of importance were as follows:

Psu. Tuberc. Date of onset *1935*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 8, 1892*
7. AGE YEARS *65* MONTHS *6* DAYS *1* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Day Labour*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Printer at Courthouse*
10. Date deceased last worked at this occupation (month and year) *Sept 1, 1936* 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: *23*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson, Mo.*

FATHER 13. NAME *George Wade*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cape Gir. Co Mo.*

MOTHER 15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson, Mo.*

17. INFORMANT *Emma Wade* (ADDRESS) *Jackson, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jackson, Mo.* DATE *July 12 1937*

19. UNDERTAKER *Crawford Miller Allen* (ADDRESS) *Jackson, Mo.*

20. FILED *7-10 37* *B. G. Seider* Registrar.

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? *No*

If so, specify..... (Signed) *P. R. Schow* M. D.

(Address) *Jackson Mo*

