

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

4405
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 868
 (b) Township Boone Primary Registration District No. 6150 Registered No. One
 (c) City Hundredpost (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dink Wade 300

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (GIVEN NAME OF) Alpha Wade
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1893
 7. AGE YEARS 45 MONTHS 11 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Dec 1937 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arlington Mo

FATHER 13. NAME Bill Wade
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known ma

MOTHER 15. MAIDEN NAME Caroline Gann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known mo

17. INFORMANT (ADDRESS) Edillard Wade

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri DATE 1-7-38

19. FUNERAL DIRECTOR (ADDRESS) Smith & Ferguson

20. FILED 17 1938 W. R. Reed Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1938, to Jan 7, 1938. I last saw him alive on Jan 7, 1937. Death is said to have occurred on the date stated above, at 3:29 m.

The principal cause of death and related causes of importance were as follows:
Bronchitis Pneumonia
 Date of onset 1937 Dec 31

Other contributory causes of importance:
Flu

Name of operation None Date of _____
 What test confirmed diagnosis? no 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) Leslie Randall, M. D.
 (Address) Licking 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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....
L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.....

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.)