

REC'D MAR 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7546
Do not use this space.

1. PLACE OF DEATH

(a) County new modular Registration District No. 604
 (b) Township New Modular Primary Registration District No. 5802 Registered No.
 (c) City new modular (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

Minnie Wade 300
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wakeman Wade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1898

7. AGE YEARS 40 MONTHS 13 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) new modular (STATE OR COUNTRY) County

FATHER 13. NAME Walter Horden

14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) unk (STATE OR COUNTRY) 9

17. INFORMANT Wakeman Wade (ADDRESS) new modular mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Modular DATE Feb 25 38

19. FUNERAL DIRECTOR Richard Urd Co. (ADDRESS) new modular mo

20. FILED 2/25 1938 Tom O'Bannon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1938

22. I HEREBY CERTIFY, That I attended deceased from OCT 25 1937 to Feb 18 1938
 I last saw her alive on Feb 18 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

0 Nephrosis -
133
 Date of onset 2/1/36

Other contributory causes of importance: 0 uremia

Name of operation Date of
 What test confirmed diagnosis? urinalysis 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) William M. Jackson, M. D.
533 (Address) Bx 43 New Modular, 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.

STATEMENT BY LICENSED EMBALMER

I, Leo Hudgipeth....., Licensed Embalmer No. 3803

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 Leo Hudgipeth
Licensed Embalmer No. 3803

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.)