

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

Do not use this space.

33348

REC'D OCT 18 1939

1. PLACE OF DEATH

County Reynolds Registration District No. 749
 Township _____ Primary Registration District No. 4450
 City Lester ville (No. _____) St. _____ Ward _____

2. FULL NAME:

(a) Residence, No. 34 Joseph S. Shelby Wadlow Ward. _____
 (Usual place of abode) Lester ville, Mo. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Safoma Wadlow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Lester ville, Mo.

13. NAME John Wadlow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lester ville, Mo.

15. MAIDEN NAME Elizabeth Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lester ville, Mo.

17. INFORMANT (ADDRESS) Mrs. Minnie Pryfield, Lester ville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lester ville, Mo. DATE Sept 7, 1939

19. UNDERTAKER (ADDRESS) Norman White Son, Lester ville, Mo.

20. FILED Sept. 10, 1939 G. M. Fitzpatrick Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936 to Sept. 3, 1939
 I last saw him alive on Sept. 3, 1939. Death is said to have occurred on the date stated above, at 3:40 a. m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy Date of onset 1936

Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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) G. M. Fitzpatrick, M. D.
 (Address) Lester ville, 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.

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RECEIVED

District Health Officer No. 5,

District File Number: 103822

Date Filed 10/339