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

Do not use this space.

23848

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....

Township .... Primary Registration District No. 1003 Registered No. 7413

City St. Louis (No. Mo. Baptist Hospital St. .... Ward)

2. FULL NAME Elija D Wadlow

(a) Residence, No. .... St., 12 Ward. Flat River Mo
(Usual place of abode) (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			
3. SEX: M	4. COLOR OR RACE: W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minnie Wadlow			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 24, 1879			
7. AGE — YEARS: 52	MONTHS: 5	DAYS: 4	If LESS than 1 day, ... hrs. or ...... min.
OCCUPATION — 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Y. M. C. A.			
10. Date deceased last worked at this occupation (month and year): April 1931	11. Total time (years) spent in this occupation: 7		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Reynolds Co. Mo			
FATHER — 13. NAME: Elija Wadlow			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo			
MOTHER — 15. MAIDEN NAME: Lucy Coile			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo			
17. INFORMANT: Minnie Wadlow (ADDRESS): Flat River Mo			
18. BURIAL, CREMATION, OR REMOVAL PLACE: Flat River Mo DATE: 7. 1 1931			
19. UNDERTAKER: Caldwell Bros (ADDRESS): Flat River Mo			
20. FILED .... 19.... Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6, 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1931, to June 28, 1931

I last saw him alive on June 28, 1931. Death is said to have occurred on the date stated above, at 7:39 A. m.

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

General Tuberculosis

32C

Other contributory causes of importance:

Tuberculosis Right Knee

Name of operation Drainage Date of ....

What test confirmed diagnosis? .... 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) M. L. Armstrong, M. D.

(Address) Wall Bldg [illegible]

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.