

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

✓ Do not use this space.

10294

APR 26 1935

1. PLACE OF DEATH

90 County Raymond Registration District No. 746
Township Boonville Primary Registration District No. 597913
City (No. _____) St. _____ Ward _____

2. FULL NAME

Lucy (Boil) Wadlow
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ed Wadlow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12, 1861</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>-</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) <u>Mo</u> ✓		
FATHER	13. NAME <u>Amos Boil</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Jake Wagner, 114</u> <u>Richard W. Ford</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Redford</u> DATE <u>Mar 12, 35</u>		
19. UNDERTAKER (ADDRESS) <u>none</u>		
20. FILED <u>3-13-35</u> <u>Gray Bowles</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 10 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1935, to Mar 9, 1935
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
8221
Other contributory causes of importance:

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?
If so, specify.....
(Signed) J. E. Fogle, M. D.
(Address) Waverly

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.

OFFICE OF THE ATTORNEY GENERAL
STATE OF CALIFORNIA
SAN FRANCISCO

TO THE HONORABLE THE ATTORNEY GENERAL
 STATE OF CALIFORNIA
 SAN FRANCISCO

FROM THE BOARD OF SUPERVISORS
 COUNTY OF SAN FRANCISCO

RE: [Illegible]

[The remainder of the document contains several paragraphs of text that are extremely faint and difficult to read. The text appears to be a formal communication or report, possibly regarding a public accountancy matter as suggested by the header. The content is largely illegible due to the quality of the scan.]

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

Do not use this space.

1. PLACE OF DEATH

County Reynolds
Township.....
City.....

Registration District No. 746
Primary Registration District No. 5979B

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.
Registered (State or Ward)
St.

2. FULL NAME

Leey Carl Wallace

(a) Residence, No. St. Ward.

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed wallaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 24

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

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Mo

13. NAME Andy Carl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Jake Wagoner Bedford Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedford Mo DATE 3-13 1925

19. UNDERTAKER (ADDRESS) none

20. FILED 3-13 1935 Gay Bowles Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

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?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

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.

MAY 31 1935

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