

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.

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

Do not use this space.

41753

JAN 25 1929

**1. PLACE OF DEATH**

County Monteau Registration District No. 575  
 Township Willow Fork Primary Registration District No. 4339  
 City Lipton (No. ....) St. .... Ward .....

**2. FULL NAME**

Dr. Wilson Adale  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-5-1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>85</u>	<u>9</u>	<u>16</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Minister  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. A. L. Shortridge  
 (Address) Sedalia, Mo

15. FILED 1-1-1928 Mrs. C. E. True  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-26-1928

17. I HEREBY CERTIFY, That I attended deceased from 1-28-1928, to 12-26-1928, and that I last saw him alive on 1-25-1928, and that death occurred, on the date stated above, at 7: P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Uremia  
13  
132-2 (duration) yrs. mos. 10 da.  
 CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH? 129 A

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) J. B. Hornum, M. D.  
12-27-28 (Address) Lipton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 1007 Lipton DATE OF BURIAL 12-28-1928

20. UNDERTAKER Jewell E. Richards ADDRESS Lipton

