RECEIVED JUN 7 1929

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE
State File No. 66144

CERTIFICATE OF DEATH

PLACE OF DEATH

County of Bonner

City of Dover

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No.

(No.) (If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Albert Wade

(a) Residence. No. St.

(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? 182 yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) June 24, 1919.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	10	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer) Public School

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Wilhoit Oregon

PARENTS

10. NAME OF FATHER Napoleon Wade

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Wilhoit Oregon

12. MAIDEN NAME OF MOTHER Anna Crite

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Colorado

14. Informant James B. Atkins

(Address) Dover, Idaho.

15. Filed May 25 1929 Viola Allen Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May (Month) 11th (Day) 1929 (Year)

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

that I last saw H alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

What test confirmed diagnosis?

(Signed) A. H. Moon. Coroner

May 25, 1929 (Address) Sandpoint, Idaho.

*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	Date of Burial
Pinecrest Cemetery	May 26, 1929
20. Undertaker	Address
Moon Mortuary	Sandpoint, Ida.

State of Idaho . . . . .)
County of Ada . . . . .)

THIS IS TO CERTIFY That this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

SEP 5 1979
Date Issued

KCTC

Janet B. Wick
State Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21st day of January A.D., 1980 at 12:03 o'clock P.M., and duly recorded in Vol. M-80 of Deeds on Page 1202.

FEE $3.50

WM. D. MILNE, County Clerk
By Jaqueline J. Metlen Deputy