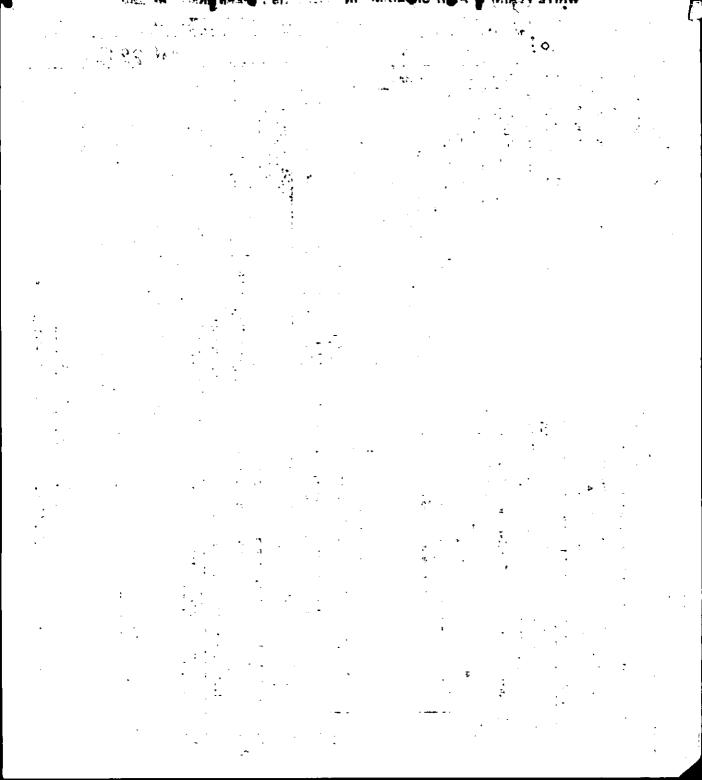
d state ortant.	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.	J2. FULL NAME Mary & Jacks	St. Ward Ward. (If nonresident, give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DIVORCED (write the word) 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY, That I attended deceased from 1931, to 1932 I last saw h alive on April 8 183 Death is said
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk milt, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)	I last saw harmalive on the date stated above, at 11.7 0m. The principal cause of death and related causes of importance were as follows: Date of case!
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE PLACE 19. UNDERTAKER 19. UNDERTAKER	Name of operation
	20. FILED 1933 Registrot.	(Signed)



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED BUREAU OF VITAL STATISTICS TLY. PHYSICIANS should state OCCUPATION is very important. FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. CERTIFICATE OF DEATH ¥ 1. PLACE OF DEATH Registration District No. Füe No. Primary Registration District No. 1/2// Registered No. 2. FULL NAME (a) Residence, No..... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign hirth? mos. YES. mos COMPLET PERSONAL AND STATISTICAL PARTICULARS EXAC. ent of MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) statem I HEREBY CERTIFY. That I attended deceased from AR 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Exact 8 (OR) WIFE OF should | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the UNTIL of death and related causes of importance were as follows: classified. If LESS than 1 7. AGE YEARS DAYS day,hrs. Date of page ormin. CERTIFICATES 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... carefully s it may be g 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this er contributory causes of importance: Œ year) occupation... 5 12. BIRTHPLACE (CITY OR TOWN). 727 (STATE OR COUNTRY) FATHER 13. NAME Name of operation...... Date of RECEIVE in plain terms, What test confirmed diagnosis?..... Was there an autopsy?.... 14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME NO Where did injury occur?..... 16. BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) y item of i DEATH i Specify whether injury occurred in Industry, in home, or in public place. SHALL 17. INFORMANT. (ADDRESS) Manner of injury 18. BURIAL, CREMATION, OR REMOVAL TO RA RS Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... 5 If so, specify 19. UNDERTAKER Ö (ADDRESS) (Signed) M. D. 20. FILED.

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