

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

Do not use this space.

**1. PLACE OF BIRTH**

County Buchanan Registration District No. 85  
 Township St Joseph Primary Registration District No. 1001  
 City St Joseph (No. 2nd Meth Hosp, St. Blytheville Mo Ward. Ward)

File No. 19550  
 Registered No. 685

**2. FULL NAME**

(a) Residence, No. Blytheville Ward. Blytheville Mo  
 (Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Garland Wardrip

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 8 28

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

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) Hamilton Mo

FATHER 13. NAME Clarence Ball

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

MOTHER 15. MAIDEN NAME Moore Ellen Heitman

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

17. INFORMANT (ADDRESS) Clarence Ball  
St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashtland Mo DATE 6-11-34

19. UNDERTAKER (ADDRESS) Clayton F. Co. Home  
St Joseph Mo

20. FILED 1 1934 John H. Bender  
 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1934

22. I HEREBY CERTIFY that I attended deceased from June 8, 1934 to June 9, 1934  
 I last saw him alive on June 8, 1934 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Bronchial Pneumonia  
Double  
1934 / 14  
 Other contributory causes of importance:  
in Labor

Name of operation None Date of         

What test confirmed diagnosis?          Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accidents, 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) Thomas L. Howard M. D.  
 (Address) 407 W. Washington Bldg

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.

JUL 11 1934

Jan - 29 - 35

Re: Lora M. Wardup. died of a double bronchi pneumonia June - 9 - 34. Dr W.T. Stacy had charge of the case on her entry to hospital as she was pregnant and in labor. I was called in consultation because of a pneumonia. I understand she gave birth to a premature infant a short time before death. At any rate the pneumonia precipitated labor. For details of her marriage consult Dr W.T. Stacy.

T.L. Howden M.D.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Reichman

Registration District No. 85

File No. 19550

Township St Joseph

Primary Registration District No. 3rd South Hoop

Registered No. 685

City Lara M Wardrip

No. St. Ward

St. Ward

2. FULL NAME

(a) Residence, No. Lara M Wardrip 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 (*writes the word*) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 8 28

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.  
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)

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 DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 21-1935 John R. Bonden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1934

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 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:

Bacterial pneumonia Date of onset  
infective

Pneumonia precipitated later

Other contributory causes of importance:

In labor  
came with a short time previous to death

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) Thomas D. Housden, M. D.

(Address) 407 Kirkpatrick

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE OR CERTIFICATES UNTIL THE SAME COMPLETED AS PRESCRIBED BY LAW.

JAN 25 1935

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