

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township.....  
City St. Joseph, (No. 1904 JONES, St. Joseph's Hosp.)

Registration District No. 85  
Primary Registration District No. 1001

File No. 19561  
Registered No. 697  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Charles Ardery,**

(a) Residence, No. 1904 Jones, St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 59 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married,</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Sarah Ardery,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb'y 26, 1861</b>		
7. AGE	YEARS	MONTHS
	<b>73</b>	<b>3</b>
		<b>18 27</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Hatter,</b>		11. Total time (years) spent in this occupation <b>30</b>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Wholesale</b>		
10. Date deceased last worked at this occupation (month and year) <b>June 1934</b>		

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Savannah, Missouri,</b>
13. NAME <b>William Ardery,</b>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Paris, Kentucky</b>
15. MAIDEN NAME <b>Mary Whitehead,</b>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Liberty, Missouri,</b>
17. INFORMANT (ADDRESS) <b>Mrs. Charles Ardery 1904 Jones Street,</b>
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mt. Olivet Cem.</b> DATE <b>June 16th 1934</b>
19. UNDERTAKER (ADDRESS) <b>Heaton-Bell &amp; Bauerman 319 South 10th St. St. Joseph, Mo.</b>
20. FILED <b>6-15-34</b> <b>John A. Bender</b> Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

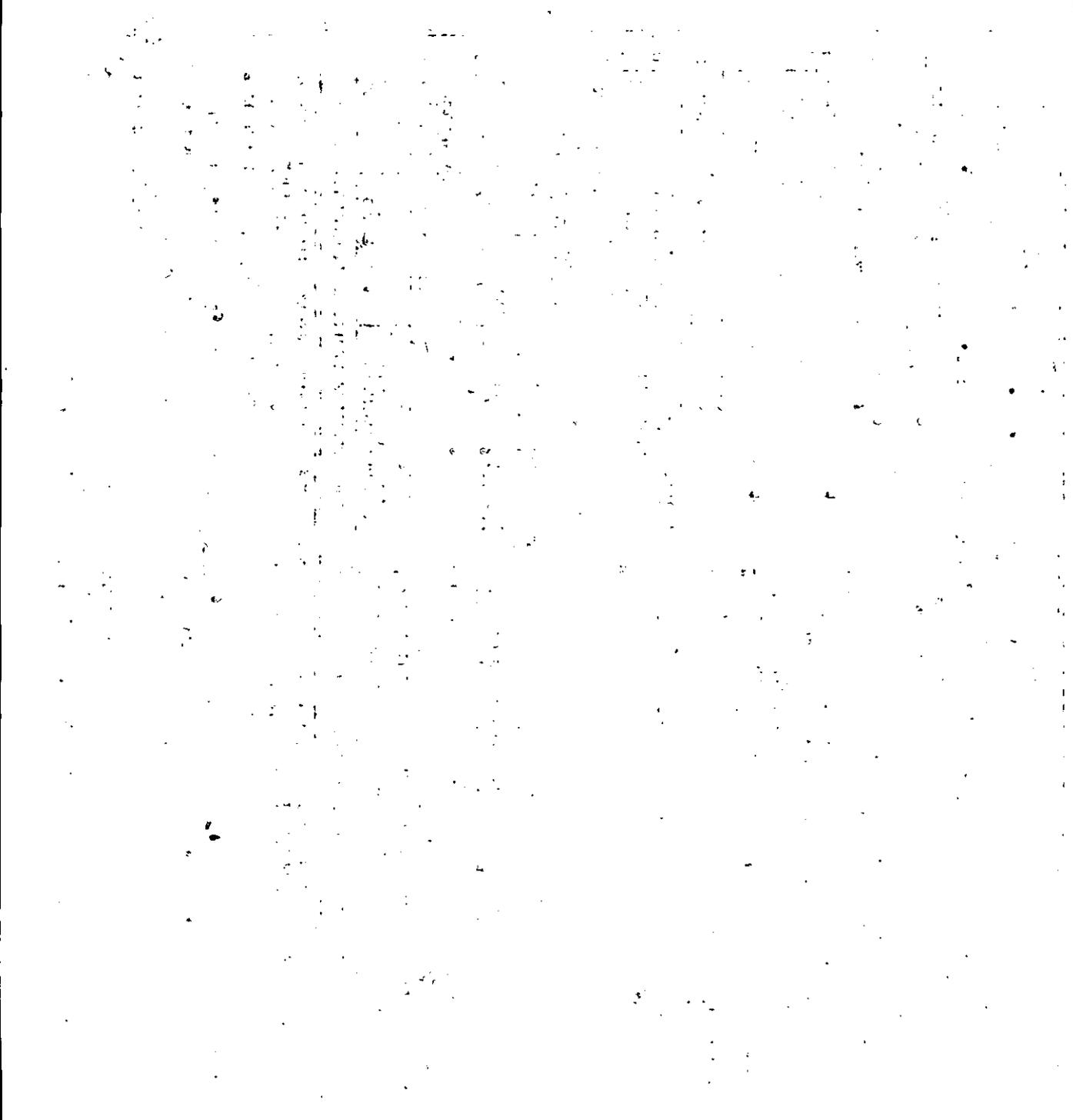
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th 1934

22. I HEREBY CERTIFY, that I attended deceased from June 1, 1934, to June 14, 1934  
I last saw deceased alive on June 13, 1934 Death is said to have occurred on the date stated above, at 10:15 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Embolism Date of onset unknown  
103  
42.13  
47  
Other contributory causes of importance:  
Arterio-sclerosis Hypertensive Nephritis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? through Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_  
(Signed) Wm J. Brown, M. D.  
(Address) St. Joseph Mo



*Buchanan*  
*St Joe*

WASHINGTON

697

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Charles Ardery  
Who died at St Josephs Hosp on June 14 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex m Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 73 Months 3 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Cerebral Embolism

Other contributory causes of importance: Arterio sclerosis Hypostatic Pneumonia (Lobar)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar John R. Bender

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,  
E. J. McLaugh M.D.

Reg. Dist. No. 85

Primary Reg. Dist. No. 1004 Special Agent.