

APR 3 1935

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

Do not use this space.

6014

## 1. PLACE OF DEATH

County *McDonald*  
Township *White Rock*  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. *1149*  
Primary Registration District No. *5-697*

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

## 2. FULL NAME

*Francis Marion Wardlow*  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. *Pea Ridge Ark*  
(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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Florence Stread</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 8, 1855</i>		
7. AGE YEARS <i>79</i>	MONTHS <i>10</i>	DAYS <i>20</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>x</i>
10. Date deceased last worked at this occupation (month and year) <i>Feb. 1, 1935</i>		11. Total time (years) spent in this occupation <i>life time</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Benton County Arkansas</i>		
13. NAME <i>William Wardlow</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn.</i>		
15. MAIDEN NAME <i>Larah Rogers</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn.</i>		
17. INFORMANT <i>Charles Wardlow</i> (ADDRESS) <i>Pea Ridge Ark.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Wardlow Cem.</i> DATE <i>Mar. 1, 1935</i>		
19. UNDERTAKER <i>Ralph Miller</i> (ADDRESS) <i>Pea Ridge Ark.</i>		
20. FILED _____ 19 _____ Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-28, 1935*22. I HEREBY CERTIFY, That I attended deceased from *2-15, 1935, to 2-28, 1935*I last saw him alive on *2-28, 1935* Death is saidto have occurred on the date stated above, at *6:45 p.m.*

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

*Pneumonia Lobar* Date of onset *2-7-35**110*Other contributory causes of importance: *Influenza* *2-15-35*

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) *W. A. Ripens* M. D.(Address) *Bentonville Ark.*

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.

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