REC'D APR 11 1938

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

Do not use this space. 9164

Registration District No. 791

Primary Registration District No. 1003

Registered No. 2753

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis, Missouri. (d) Street No. City Hospital #1. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

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2. PRINT FULL NAME Lula Ann Ward

(a) Residence, No. 2830 Lemp St., St. 24

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 4, 1871

7. AGE: Years 66 Months 5 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 5 yrs ago.

11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tiptonville, Tennessee

FATHER

13. NAME: Harvard Vaughn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tiptonville, Tennessee

MOTHER

15. MAIDEN NAME: Lula Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tiptonville, Tennessee

17. INFORMANT (ADDRESS): Wilbur Gray Ward, 2830 Lemp St.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tiptonville, Tenn. DATE March 22, 3 18

19. FUNERAL DIRECTOR (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Ave.

20. FILED MAR 23 1938 19 J. D. Buchek Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-19-1938

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1938, to March 19, 1938

I last saw he alive on 3-19-, 1938. Death is said to have occurred on the date stated above, at 12:30 P.m.

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

| | Date of onset |
|---|---|
| Senile Dementia. | |
| Cardiac Thrombosis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) E. L. Trowbridge Jr. M. D.

(Address)

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, Guy W Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**