

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

Do not use this space.

21884

1. PLACE OF DEATH

5 County Barry Registration District No. 38
Township Shell Knob Primary Registration District No. 5051
City (No. _____) St. _____ Ward _____

File No. 9
Registered No. _____

2. FULL NAME

William Ledgerwood
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-1932

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on 7/17, 1932 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-13-1844

to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 88 MONTHS _____ DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

Date of onset

OCCUPATION 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 _____

Murder
1329
10-13-32
Other contributory causes of importance: Advanced age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Ind. 2

FATHER 13. NAME William Ledgerwood

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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

MOTHER 15. MAIDEN NAME Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genne

17. INFORMANT Grover Ledgerwood (ADDRESS) Shell Knob

18. BURIAL, CREMATION, OR REMOVAL PLACE Parsons DATE 7-19-1932

19. UNDERTAKER (ADDRESS) W. H. Town
Carrollville

20. FILED 7/25 1932 Emma Wellington Registrar

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. H. Town, M. D.
(Address) Carrollville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AUG 22 1932

