

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

Do not use this space.

16966

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *Shannon* (No. *Isolation Hosp*)

File No.
Registered No. *4929*
St. Ward)

2. FULL NAME

(a) Residence. No. *4220 W Ashland* St. *10* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. 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 *Male* | 4. COLOR OR RACE *Caucasian* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use of the word) *Child*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 30 1922*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 | *0* | *21* | *210 AM*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

Child

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

PARENTS

10. NAME OF FATHER

(STATE OR COUNTRY)

Bacon Ward

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ka

12. MAIDEN NAME OF MOTHER

(STATE OR COUNTRY)

Bulah Bradley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ka

14.

INFORMANT (Address)

Bacon Ward
4202 W Ashland

15.

FILED

MAY 25 1927

Mrs. B. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 21-1927*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., at
4:30 P

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries
fractured skull
Struck by auto
in City Accident

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1880

19. DID AN OPERATION PRECEDE DEATH?

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)

John D. ...
5/23/27
Dep Coroner

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washington Park

5-26-1927

20. UNDERTAKER?

ADDRESS

W.S. Wade & Sons

4202 Finney

WHILE EXISTING, 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.

Handwritten notes or scribbles, possibly including the number '11' at the bottom.

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