

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.

AUG 23 1929

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

Do not use this space.

24013

1. PLACE OF DEATH  
 County Boone Registration District No. 125  
 Township Boone Primary Registration District No. 3009  
 City Boone (No. So. E. Mo. Hospital) St. Boone Ward Boone

2. FULL NAME Flora E Ward  
 (a) Residence. No. Greenville Mo. St. Boone Ward Boone  
 (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.

File No. 162  
 Registered No. 162

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 - 1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
22 5 5 or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Mo.

PARENTS

10. NAME OF FATHER W. L. White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co.

12. MAIDEN NAME OF MOTHER Jennie Richard 2/16/1929 (Address)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Athens Ohio

14. INFORMANT Fred Lewallen  
 (Address) 719 Bellevue Cape Gir. Mo.

15. FILED 7/16, 1929 W. E. Haempfer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1929

17. I HEREBY CERTIFY, That I attended deceased from June 9<sup>th</sup> 1929, to July 15<sup>th</sup> 1929 that I last saw her alive on July 15<sup>th</sup> 1929, and that death occurred, on the date stated above, at 7:40 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Puerperal Sepsis

(duration) yrs. 3 1/2 mos. ds.

CONTRIBUTORY (SECONDARY) 46  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Greenville Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6/15/29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Surgical findings  
 (Signed) G. B. Schmitt, M. D.

\*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  
Greenville Cemetery July 17 1929

20. UNDERTAKER ADDRESS  
Walther Und. Co Cape Gir. Mo.

