108

OC 24 [illegible]

6

7

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.

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

Do not use this space.

32778

File No. O'Neil

Registered No. 250

1. PLACE OF DEATH

County Vernon — Registration District No. 875

Township Center — Primary Registration District No. 3039

City Nevada Mo (No. ..... St. ..... Ward)

2. FULL NAME Henry Clay Ware

(a) Residence. No. 126 W Cedar St., 4 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 26 - 1866

7. AGE: 62 Years — Months: 10 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Photographer

(b) General nature of industry, business, or establishment in which employed (or employer): Taking Pictures

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt. Sterling Kentucky

PARENTS

10. NAME OF FATHER: D K

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): D K Kentuckey

12. MAIDEN NAME OF MOTHER: Mary Landrum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): D K Kentuckey

14. INFORMANT: Lettie Ware (Address) Nevada Mo

15. FILED 10-9, 1929 E. R. King REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 24 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1929, to Sept 24, 1929 that I last saw him alive on Sept 24, 1929, and that death occurred, on the date stated above, at 2:30 p.m.

821 THE CAUSE OF DEATH* WAS AS FOLLOWS:

822 Hemorrhage of Brain - left Hemiplegia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 2nd stroke Sept 22, 1929.

(duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. E. O'Neal, M. D

9-24, 1929 (Address) Nevada - Mo.

*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: Kansas City Mo — DATE OF BURIAL: 9/27 1929

20. UNDERTAKER: Ferry Funeral Home — ADDRESS: Nevada