

N. B.—Every item of information should be carefully supplied. AGE must 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.

41634

1. PLACE OF DEATH

County PettisRegistration District No. 668Township StantonPrimary Registration District No. 3032City Independence(In Hospital)

File No. _____

Registered No. 339

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Houstonia, Mo.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

May Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 3 - 1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

3773

8. OCCUPATION OF DECEASED

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

Heavy labor

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

General Farming

(c) Name of employer

C. J. Houshman

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pettis Co.Mo.

10. NAME OF FATHER

Lyde Ward

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Annis Fletcher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pettis Co.Mo.

14.

INFORMANT

(Address)

May WardHoustonia Mo

15.

FILED

12-7-29J. B. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 - 192917. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1929, to Dec 6, 1929that I last saw him alive on Dec 6, 1929, and that death occurred, on the date stated above, at 10-15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shotgun wound of right shoulder - homicide(duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY)

Stomachache of lung(duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Houstonia, Mo.DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 4 - 29WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Examination(Signed) J. L. Parkhurst, M. D.Dec 7, 1929 (Address) Houstonia

*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

Houstonia Cemetery 12-8-29

20. UNDERTAKER

ADDRESS

W. C. Westbrook Houstonia

