SEP 22 1930

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

Do not use this space.

25999

1. PLACE OF DEATH
County Butler — Registration District No. 87 — File No.
Township Beaverdam — Primary Registration District No. 5129 — Registered No. 11
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Gertie Alice Ward
(a) Residence. No. Poplar Bluff Mo R#6 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

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Charles H. Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 9 - 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	44	3	27	

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) Ill

PARENTS
10. NAME OF FATHER Thomas Radcliff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Josephine Kemp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Chas H. Ward
(Address) Poplar Bluff Mo R 6

15. FILED 8/18, 1930. M. M. Rane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-14, 1930, to ....., 19.....
that I last saw h... alive on 8-15, 1930, and that death occurred, on the date stated above, at 2 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute articular arthritis

156 A (duration) 8 yrs. + mos. ..... ds.

CONTRIBUTORY (SECONDARY) None

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH no
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? [illegible]

(Signed) A. J. Clay, M. D.
8/16, 1930 (Address) Poplar Bluff 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	DATE OF BURIAL
Bay Springs Cem.	Aug 16 1930

20. UNDERTAKER	ADDRESS
L. T. Phelps	Poplar Bluff Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. No. 2.