

SEP 26 1930

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

Do not use this space.

27483

1. PLACE OF DEATH

County *Clematis*
Township *Concord*
City *Wardell*

Registration District No. *653*
Primary Registration District No. *5865*

File No.
Registered No. *77*
St. Ward)

2. FULL NAME

(a) Residence. No. *Wardell* St. Ward.

Length of residence in city or town where death occurred yrs. *8* mos. ds. 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 <i>Female</i>	4. COLOR OR RACE <i>Caucasian</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Unknown (1912)</i>		
7. AGE	YEARS	MONTHS
<i>18</i>	<i>1912</i>	
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) <i>Farmer</i>		
(c) Name of employer <i>Wm. J. Johnson</i>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
PARENTS	10. NAME OF FATHER <i>Unknown</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
	12. MAIDEN NAME OF MOTHER <i>Unknown</i>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
14. INFORMANT (Address) <i>Robt. Harden Wardell Mo</i>		
15. FILED <i>8-17-30</i> <i>J. Johnson</i> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 19* 19 *30*

17. I HEREBY CERTIFY That I attended deceased from *Aug 18th* 19 *30* to *Aug 19th* 19 *30* that I last saw him alive on *8-17-30* and that death occurred, on the date stated above, at *10:30 A.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

*hemorrhage from
gun shot (ocular, right eye)
Hawsville
About 3 hours
(duration)*

CONTRIBUTORY (SECONDARY) *1912*

18. WHERE WAS DISEASE CONTRACTED *1912*
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? *Examination*

(Signed) *William H. ...* M. D.

8-1-1930 (Address) *Hayti 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 *Wardell Cemetery* DATE OF BURIAL *8-2-1930*

20. UNDERTAKER *H. S. Smith* ADDRESS *@ville, Mo.*

K. R.—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—THIS IS A PERMANENT RECORD

