

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

Do not use this space.

40504

**PLACE OF DEATH**  
 County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 4464  
 City Farmington (No. ....) St. .... Ward)

File No. ....  
 Registered No. 166

**2. FULL NAME** George P. Ware  
 (a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 Mary Ornell. Ware  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12-1864  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 6 20  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder & Contractor  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

13. NAME James. Ware

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

15. MAIDEN NAME Rebecca Horn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mrs. Mary Ware Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE K. & P. Cem. at Farmington DATE Dec 3 1930

19. UNDERTAKER (ADDRESS) Farmington Und Co Farmington

20. FILED Dec 2 1930 T. J. Robinson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1930  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1927, to Dec 1 1930  
 I last saw him alive on Dec 1 1930. Death is said to have occurred on the date stated above, at 2:10 P.M.  
 The principal cause of death and related causes of importance were as follows:

92 Acute Heart Failure Date of onset 1 Day  
93 Chronic Endocarditis & Chronic Myocarditis 10 yrs

Other contributory causes of importance:  
90 W  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no

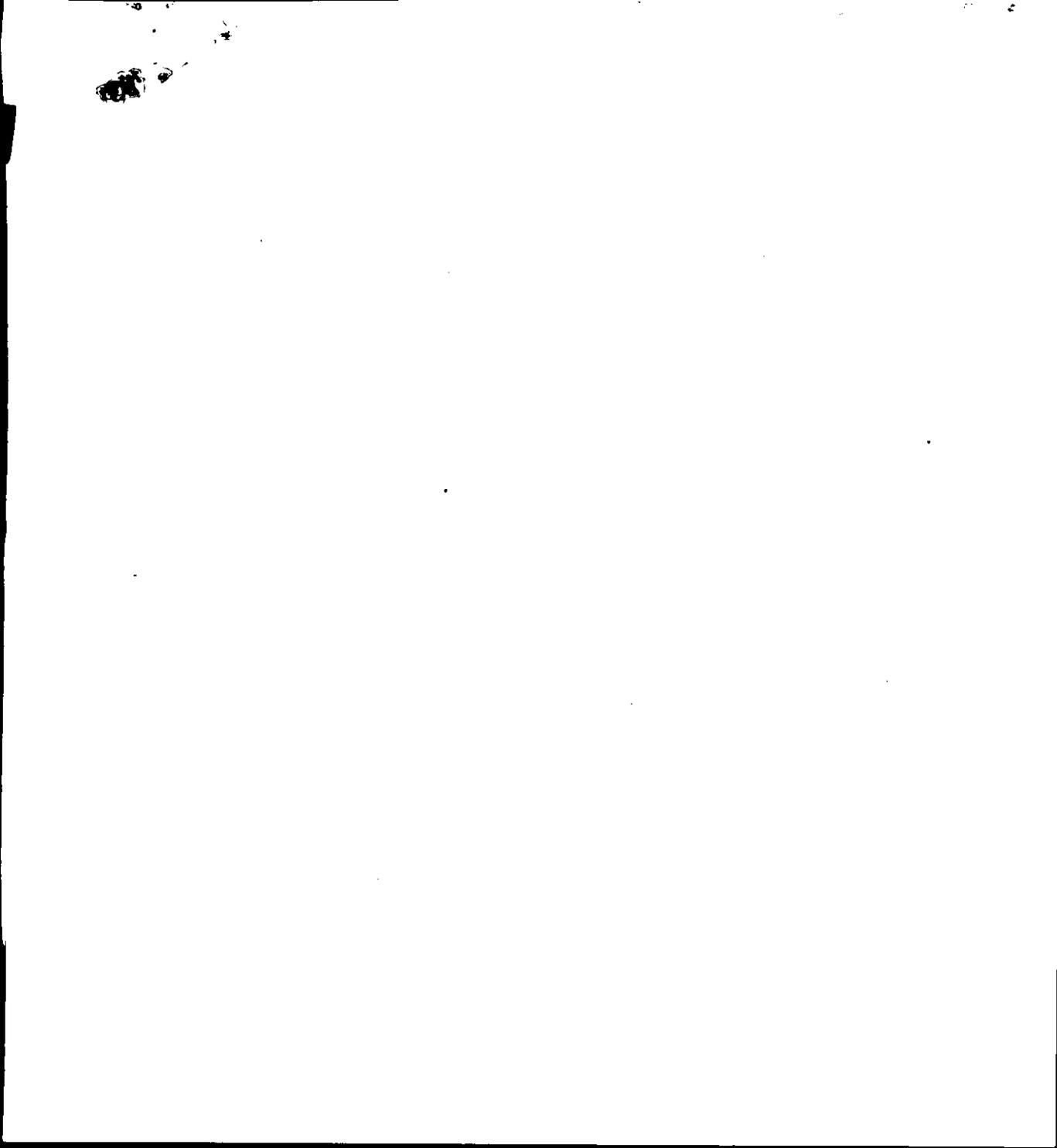
23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 (Signed) Geo L. Watkins M. D.  
 (Address) Farmington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 22 1931



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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County St. Francois Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Farmington (No. 517 Perrine) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George P. Ware

(a) Residence. No. 517 Perrine St. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

Male | White | Married

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

Mary G. Ware

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	65	6	19	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT Wm. L. Way  
 (Address) 517 Perrine St.

15. Farmington, Mo.  
 FILED \_\_\_\_\_ 19 \_\_\_\_\_

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1 19 30

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ since on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19 \_\_\_\_\_ (Address)

\*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

K. of P. Cemetery

Dec. 3 19 30

20. UNDERTAKER

ADDRESS

Farmington Und. Co.

Exact statement of OCCUPATION is very important.

RARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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