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**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 Missouri Registration District No. 567 File No.
 Township W. of Island Primary Registration District No. 5767 Registered No. 23
 City (No.) St. Ward)

2. FULL NAME

(a) Residence, No. Herbert Anderson Ward.
 (Usual place of abode) W. of Island, Mo. (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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8th 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
37 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Laborer
 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) Bowden Redgo

FATHER 13. NAME Perry Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Mandy Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Grandmother

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE near W. of Island, Mo. April 30 1922

19. UNDERTAKER Duff M. Hodges

20. FILED April 27 1922

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 19 26

22. I HEREBY CERTIFY That I attended deceased from the time of death until he was pronounced dead. I last saw him alive on April 29 19 26. Death is said to have occurred on the 30th day of April 19 26. The principal cause of death and related causes of importance were as follows:
Chronic nephritis - presumed to be cause of death. He had chronic nephritis for some time.
 Other contributory causes of importance: unknown

Name of operation none Date of operation none
 What test confirmed diagnosis? family history 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 26
 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 none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Frank J. Demore, M. D.
 (Address) Charleston, Mo.

WRITE PLAINLY WITH BLACK INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully applied. AGE should be stated EXACTLY. If 3 show the state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important.

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

APPL

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