

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

Do not use this space.

34757

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No. 1)

Registration District No. 411
Primary Registration District No. 2002

File No. 319
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Freeman Hospital Ward. Carterville, Mo.
(Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 6 1929</u>		
7. AGE <u>2</u>	YEARS <u>X</u>	MONTHS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		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) <u>West City, Missouri</u>		
13. NAME <u>Frank Ward</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orange, Ark.</u>		
15. MAIDEN NAME <u>Charles Venable</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Little Rock, Ark.</u>		
17. INFORMANT (ADDRESS) <u>Frank Ward, Carterville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crematorium</u> DATE <u>10/9</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>West City, Ind. Co. West City, Mo.</u>		
20. FILED <u>10/9 1931</u> <u>A Benson Clark</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1931

22. HEREBY CERTIFY, That I attended deceased from Oct 3 1931 to Oct 7 1931

I last saw her alive on Oct 7 1931 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Hereditary Syphilis

34

Other contributory causes of importance: 34

Name of operation _____ Date of _____

What test confirmed diagnosis? WR Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Hutton _____, M. D.
(Address) Jasper, Mo.

N. B.—Every item of information should be carefully supplied. Age shown on certificate of death is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 20 1931

