

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

Do not use this space.

1580

File No. _____
Registered No. 4.
St. _____ Ward _____

1. PLACE OF DEATH
54 County Lafayette Registration District No. 457
Township Gludson Primary Registration District No. 56210
City Higginsville (No. _____)

2. FULL NAME Mary Catherine Ward Alfard
(a) Residence. No. Route 3 Higginsville St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 1 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house duties
(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) Arkansas

10. NAME OF FATHER Henry Clay Ward

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

12. MAIDEN NAME OF MOTHER Elizabeth Benson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

14. INFORMANT Marquerite Morrison
(Address) 511 W. 11th Street

15. FILED 3-8, 1932 Kansas City, Mo.
Birth Porter & Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1932 to Jan 5 1932
that I last saw h. alive on Jan 5 1932, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

107A / 107A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. G. Webb, M. D.

Jan 5 1932 (Address) Higginsville 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

W. H. Jones & Co 1/6 1932

20. UNDERTAKER ADDRESS

Asst. H. L. H. Higginsville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION is very important.

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette
Township Hickman
City (No.)

Registration District No. 457
Primary Registration District No. 5606

File No. _____
Registered No. 9 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 3 Digginsville Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mo. 6 ds. How long in U. S., if of foreign birth? yrs. mo. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2 1858</u>			
7. AGE YEARS <u>73</u>	MONTHS <u>1</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House duties</u>		11. Total time (years) spent in this occupation	
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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Arkansas</u>
13. NAME	<u>Henry Clay Warr</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>South Carolina</u>
15. MAIDEN NAME	<u>Elizabeth Parsons</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>S. Carolina</u>
17. INFORMANT (ADDRESS)	<u>Marguerite Morris</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Maline Warr</u>

19. UNDERTAKER (ADDRESS)	<u>H. H. Hader</u>
20. DATE	<u>March 3, 1932</u>
21. REGISTRAR	<u>Kerdinand Shymair</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Jan 6</u> 19 <u>32</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 2</u> 19 <u>32</u> to <u>Jan 5</u> 19 <u>32</u> . I last saw him alive on <u>Jan 5</u> 19 <u>32</u> . Death is said to have occurred on the date stated above, at <u>12:30</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Bacterial pneumonia</u>	
Other contributory causes of importance:	
Name of operation	<u>no</u>
What test confirmed diagnosis?	<u>no</u>
Was there an autopsy?	<u>no</u>
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) <u>W C Webb</u> M. D. (Address) <u>Digginsville Mo.</u>	

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

LEG

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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