

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

Do not use this space.

17992

File No. _____
Registered No. **4961**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 5574 Pershing Ave)

2. FULL NAME

(a) Residence, No. 5574 Pershing Ave, St. 5 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. 1 mos. 5 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles R. Hartness</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16th 1870</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home 1/31</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2-92A</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>930</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbus Ohio 2</u>		
FATHER	13. NAME <u>Patrick Ward</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland 15</u>	
	15. MAIDEN NAME <u>Unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 1</u>	
	17. INFORMANT (ADDRESS) <u>Charles R. Hartness 5574 Pershing Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crem DATE May 23rd 1932</u>		
19. UNDERTAKER (ADDRESS) <u>C. R. Lusty Sons 2449 Olive Street</u>		
20. FILED <u>MAY 22 1932</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21st 1932

I HEREBY CERTIFY, That I attended deceased from Jan 15 - 1932, to May 21 1932

I last saw him alive on Apr 30 - 1932 Death is said

to have occurred on the date stated above, at 10p m.

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

Mitral Regurgitation Date of onset _____
Myo Carditis Chronic Acute
Chronic Parenchymatous Known
Nephritis none 1/31

Other contributory causes of importance:
Chronic Parenchymatous
Name of operation _____ Date of _____
What test confirmed diagnosis? Urinalysis 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? no
If so, specify _____ (Signed) Alon Compton, M. D.
(Address) 7104 Olive

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. 6. NO. 2

N. B.—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.

Dr. Roy Compton
51. 24 Page: Midland Hospital
Cal 1010