

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

Do not use this space.

21926

1. PLACE OF DEATH

County Bellinger
Township Bellinger
City St. Louis (No.)

Registration District No. 69
Primary Registration District No. 5105

File No. 11
Registered No.
St. Ward)

2. FULL NAME

William Leroy Waffard
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</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>Amey Waffard</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 10-1853</u>		
7. AGE <u>77</u>	YEARS <u>6</u>	MONTHS <u>9</u>
		DAY <u>9</u>
		If LESS than 1 day, ... hrs. min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) <u>Salem</u> (STATE OR COUNTRY) <u>Mo</u>
	10. NAME OF FATHER <u>John Smith Waffard</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Esther (Covey) Causey</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT <u>Amey Waffard</u> (Address) <u>St. Louis</u>
15. FILED <u>7-18-32</u> <u>A. T. Kirkpatrick</u> REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19, 1932
17. I HEREBY CERTIFY, That I attended deceased from July 17, 1932 to July 18, 1932
that I last saw him alive on July 18, 1932, and that death occurred, on the date stated above, at 7-8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hernia - Perforated - Strangulated - 122A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Adam F. Wagner, M. D.

7-19, 1932 (Address) Gravelton, 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 <u>Salem, Mo.</u>	DATE OF BURIAL <u>July 22, 1932</u>
20. UNDERTAKER <u>A. J. Baker</u>	ADDRESS <u>St. Louis</u>

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.

AUG 22 1932

