

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

Do not use this space.

**23354**

**1. PLACE OF DEATH**

61 County Macon Registration District No. 328  
Township Lyde Primary Registration District No. 3700  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

|  |   |   |
|--|---|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND-OF (OR) WIFE-OF<br><u>Joe Ward</u>   |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 1915</u>                           |   |   |
| 7. AGE   | YEARS<br><u>75</u>  | MONTHS<br><u>5</u>  |
|  | DAYS<br><u>15</u>   | IF LESS than 1 day, hrs. or min.  |
| OCCUPATION   | 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)                           |   |
| FATHER   | 11. Total time (years) spent in this occupation   |   |
|  | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Iowa</u>                             |   |
|  | 13. NAME<br><u>Ruben Denny</u>  |   |
| MOTHER   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>N.C.</u>                             |   |
|  | 15. MAIDEN NAME<br><u>Nancy Tucker</u>  |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Va</u>                               |   |
| 17. INFORMANT <u>Paul Hiatt</u><br>(ADDRESS) <u>Centerville Iowa</u>                 |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Mt. Labor</u> DATE <u>July 31 1932</u> |   |   |
| 19. UNDERTAKER <u>Amberding</u><br>(ADDRESS) <u>Atlantic</u>                         |   |   |
| 20. FILED <u>Aug 8 1932</u> <u>A. L. Camm</u><br>Registrar.                          |   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 29 - 1932

22. I HEREBY CERTIFY That I attended deceased from July 2 1932 to July 25 1932  
I lasted h alive on July 29 1932. Death is said to have occurred on the date stated above, at 10:20 P.M.  
The principal cause of death and related causes of importance were as follows:  
Stroke and cerebral hemorrhage - Anemic  
anemia  
Other contributory causes of importance:  
HB 56E  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Shadley, M. D.  
(Address) Atlantic

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 25 1932

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