

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

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.

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

Do not use this space.

35046

1. PLACE OF DEATH

County Jackson  
Township Parsons  
City Little Blue (No. ....)

Registration District No. 400  
Primary Registration District No. 5353B

File No. ....  
Registered No. 177  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Clareme Foster 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-4-1884</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>5</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>janitor</u>		11. Total time (years) spent in this occupation <u>= 36</u>
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) Kansas (STATE OR COUNTRY) 2

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 3/11

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT J. W. Hostetter (ADDRESS) J. C. Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE Dec 30 1932

19. UNDERTAKER Chatterlin & Co. (ADDRESS) St. Charles

20. FILED Dec 1 32 William Fields Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to 11-21-1932

I last saw him alive on Nov 17 1932 Death is said

to have occurred on the date stated above, at 5 A. M.

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

mitral regurgitation Date of onset

Other contributory causes of importance:

92A 92A

Name of operation

What test confirmed diagnosis? clinical Date of

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) J. Green M. D.

(Address) St. Charles

