

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

Do not use this space.

7129

1. PLACE OF DEATH

County ST. Louis
Township Central
City Lafayette Ward

Registration District No. 2891
Primary Registration District No. 6033B
(No. 6542 Joseph)

File No. _____
Registered No. 37 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 6542 Joseph 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 11 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year) 1908 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Indiana

13. NAME- Robert Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Lucinda Byrum

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

17. INFORMANT Mr William Albert
(ADDRESS) 6542 Joseph Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottensville Mo DATE Feb 13, 1933

19. UNDERTAKER Shepard Funeral Home
(ADDRESS) 8167-69 Hamilton Ave

20. FILED 2-11-1933 Julius Bracy, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1933 to Feb 10, 1933
I last saw him alive on Feb 8, 1933 Death is said to have occurred on the date stated above, at 12:00 noon m.
The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? symptoms 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 _____, 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) J. D. Anderson, M. D.
(Address) 6753 Page

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.

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