

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

Do not use this space.

1 599

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 30 32
 City Sedalia (No. Bathwell Hosp) _____ St. _____ Ward _____

File No. _____
 Registered No. 90

2. FULL NAME

Leidas Vaughn Ware
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Hutchinson Ware
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 7 6 _____
 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. 131
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Treasurer 93
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 8 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown Kentucky

MOTHER FATHER 13. NAME William Ware

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Kentucky

MOTHER FATHER 15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Kentucky

17. INFORMANT George Ware (ADDRESS) St Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 4-3-1933

19. UNDERTAKER M^{rs} Laughlin Boon (ADDRESS) _____

20. FILED 4-3 19 33 J. S. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to Mar. 31, 1933

I last saw him alive on March 31, 1933 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Chronic nephritis & Chronic interstitial nephritis

Date of onset
AD
by
by

Other contributory causes of importance:
Chronic prostatic & cystitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chronic disease Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury Mar, 1933

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) Chas Sumner, M. D.
 (Address) St Louis Mo.

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.

APR 24 1933
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