

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

Do not use this space.

33456

**1. PLACE OF DEATH**

47 County Greene  
Township Professional  
City The Hospital (No. ....)

Registration District No. 413  
Primary Registration District No. 5559C

File No. ....  
Registered No. 33  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Walter Blake Ward.  
(Usual place of abode) Rt. 1, Rds 2nd

Length of residence in city or town where death occurred yrs. mos. 2 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 (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage, Mo.

13. NAME Schuyler Blake

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

15. MAIDEN NAME Mattie Means

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

17. INFORMANT Records  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wadeville Cemetery DATE 10-6 1933

19. UNDERTAKER Wm. W. Brown  
(ADDRESS) Carthage Mo

20. FILED Oct 5, 1933 Mary A. Weaver  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3 1933, to Oct. 4 1933  
I last saw him alive on Oct. 4 1933. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Pulmonary Tuberculosis Date of onset  
23A  
25  
Other contributory causes of importance:  
Tuberculosis Intest. colitis  
Syngitis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? .....  
If so, specify .....

(Signed) W. M. Kennedy, M. D.  
(Address) The Hospital, W. Va. City

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.

OCT 20 1933

MOTHER FATHER

x  
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