

48. 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.

JAN 26 1934

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

Do not use this space.

39826

1. PLACE OF DEATH
 County Wright Registration District No. 338
 Township Wright Primary Registration District No. 4201
 City Wright (No. _____) St. _____ Ward _____
 2. FULL NAME Lelia W. Waparty
 (a) Residence, No. Wright City Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Waparty
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 - 1893
 7. AGE YEARS 40 MONTHS _____ DAYS 26 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) Nov 12 - 33 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER
 13. NAME John A. Boyworth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ill.
 MOTHER
 15. MAIDEN NAME Kate Waparty
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT Chas Waparty (ADDRESS) Wright City Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. John Church DATE Nov 14 - 1933
 19. UNDERTAKER W. D. Haines (ADDRESS) Wright City Mo.
 20. FILED 1/8 1934 J. D. Deplaut Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1933
 22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1933 to Dec 13 1933
 I last saw her alive on Dec 12 1933 Death is said to have occurred on the date stated above, at 12:30 am.
 The principal cause of death and related causes of importance were as follows:
90% fast Dying Burn Date of onset 12-12-33
151
181
 Other contributory causes of importance:
 Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? and Date of injury 12-12-1933
 Where did injury occur? Wright City Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home
 Manner of injury burned
 Nature of injury 90% burned
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. H. Waparty, M. D.
 (Address) Wright City Mo.

This accident was caused by this lady cleaning a garment with gasoline sitting on the cook stove in the house. In rubbing the garment with her hands caused the spark that set the fire. She ran out doors and fell exausted, death followed in a few days. The house did not burn.

Yours truly,

J. L. R.
J. L. R.

April 24 1934.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Harrison Registration District No. 338
 Township Gilman Primary Registration District No. 4201
 City Gilman (No.) St. Ward

File No. 39826
 Registered No.
 St. Ward

2. FULL NAME
 (a) Residence, No. 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.....
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) (STATE OR COUNTRY)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....		
19. UNDERTAKER (ADDRESS)		
20. FILED..... 19.....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the at..... m.

The principal cause of death and related causes of importance were as follows
90% Fifth degree Burns Date of onset 12-12

Other contributory causes of importance:

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) H. L. Harvey, M. D.
 (Address) Gilman City Mo.

SUPPLEMENTARY

Registrar.