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.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2524

Township ..... Primary Registration District No. 1003 Registered No. 107

City ..... (No. City Hosp. ..... St. ..... Ward)

2. FULL NAME Lue Ward

(a) Residence, No. 1817 Rutger St., VV Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1901

7. AGE YEARS 32 MONTHS 2 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Lodi, Mo.

FATHER

13. NAME Columbus Boyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunot Mo.

MOTHER

15. MAIDEN NAME Nora Hughs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lodi, Mo.

17. INFORMANT (ADDRESS) Claud Ward 1817 Rutger

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery Chapel DATE 1/4/34, 19

19. UNDERTAKER (ADDRESS) Norman W. Gish, Und. Piedmont, Mo.

20. FILED Jan 3-34, 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1934

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:40 A.m.

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

General Pelvic Peritonitis, following abortion whether self induced or not could not be ascertained.

Date of onset

Other contributory causes of importance: Hypostatic Pneumonia

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Abortion

Nature of injury Septic Abortion.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold R. Schulz, ~~M. D.~~

1/3/34 (Address) [illegible]