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.

JUL 29 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Ferguson Tw
City ..... (No. ..... St. ..... Ward)

Registration District No. 333
Primary Registration District No. 4468

File No. 26224
Registered No. 141

2. FULL NAME Mose Ware,
(a) Residence, No. 5th and Jackson, St., ... Ward.
(Usual place of abode) Kinloch Park, Mo.
(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: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie Ware

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: about 52 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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): La

FATHER
13. NAME: Mose Ware Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

MOTHER
15. MAIDEN NAME: Millie Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Troy, Mo.

17. INFORMANT (ADDRESS): Hattie Ware

18. BURIAL, CREMATION, OR REMOVAL
PLACE Welsh-Park DATE 7-15 1934

19. UNDERTAKER (ADDRESS): Perkins Funeral Home, 3307 Lucas ave

20. FILED July 14 1934 W. A. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11, 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 3PM m.
The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis, endocarditis, with aortic and mitral valvular disease. Insufficiency. Yellow atrophy of the liver. Diverticulum of the oesophagus, lower portion, just above diaphragm, size of large goose egg. Polycystic kidneys, bilateral. Cystitis- with gangrenous areas

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ....
What test confirmed diagnosis? autopsy 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? ..... (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) Luke B. Turner, M.D.
(Address) 3718 Jennings, Pl., Downs St. Louis, Mo.

of mucus , prostatic abscess with extreme hypertrophy. Urinary retention, strictures (multiple) of the urethrae.

Secondary; Toxemia due to urinary retention, Uremia, cardiac failure, due to block heart.