

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.

96  
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7

MAR 28 1935

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

Do not use this space.

6766

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. \_\_\_\_\_  
Township Clayton Primary Registration District No. 62330 Registered No. 53  
City Clayton (No. Clayton County St. Louis) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Revised Ed Kelly 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Premature infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-30

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 13

8. Trade, profession, or particular kind of work done, as splaner, 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, St. Louis Mo

13. NAME Clara Palmer Parson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Creek, Va

15. MAIDEN NAME Anna Paterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Texas

17. INFORMANT (ADDRESS) Mrs Parson

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Feb 4 1935

19. UNDERTAKER (ADDRESS) John Smith Funeral Home

20. FILED 2-3 1935 R. H. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-22 1935 to 2-3 1935. I last saw him alive on 5:15 A.M. 1935. Death is said to have occurred on the date stated above, at 5:15 a.m. The principal cause of death and related causes of importance were as follows:

Premature (6 1/2 month fetus)

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 \_\_\_\_\_, 1935

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) [Signature]; M. D.

(Address) St. Louis Co. Hospital

