

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.

APR 29 1934

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

Do not use this space.

11773

1. PLACE OF DEATH
County *Wentworth* Registration District No. *908*
Township *Wentworth* Primary Registration District No. *6222*
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. *15*

2. FULL NAME *Hester Melvina Ardrey*
(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 *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 *W. H. Ardrey*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 9, 1873*
7. AGE: YEARS *61* MONTHS *4* DAYS *5* IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *Mo.*
13. NAME *Jas. Clark*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*
15. MAIDEN NAME *Martha Pagsdale*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*
17. INFORMANT *W. H. Ardrey*
(ADDRESS) *mt Grove R3*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Payne Cemetery* DATE *3/15 1934*
19. UNDERTAKER *Ella J. Bouldin*
(ADDRESS) *4200 W. 11th St. MO*
20. FILED *3-15-35* *Bernice Mattingly* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 14, 1935*
22. I HEREBY CERTIFY, That I attended deceased from *March 8, 1935*, to *March 14, 1935*
I last saw him/her alive on *March 13, 1935* Death is said to have occurred on the date stated above, at *8:15* A. M.

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

Coronary Thrombosis
Following sleep
Heart attack

Other contributory causes of importance:

Outlets of stomach
& Gall Stones

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) *W. H. Ardrey* M. D.
(Address) *2050 Wood St*

