

JUN 21 1935
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16317

1. PLACE OF DEATH

County Linn Registration District No. 391
 Township Academy Primary Registration District No. 4230
 City Graylow (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 23

2. FULL NAME

(a) Residence, No. Raymond Wood Ward _____
 (Usual place of abode) Ellington Missouri (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>House wife</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 3 - 1874</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>
	DAYS <u>13</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>_____</u>	
	11. Total time (years) spends in this occupation <u>_____</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Raynolds Co Mo.</u>		
MOTHER FATHER	13. NAME <u>J. P. George</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Suey Buford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Walter Wood Ellington Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ellington Mo. DATE <u>5-18-35</u></u>		
19. UNDERTAKER (ADDRESS) <u>Chas. Richardson Ellington Mo.</u>		
20. FILED <u>May 17 1935</u> <u>R. R. Rasche</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1935, to 5-16-35, 1935.

I last saw her alive on 5-16, 1935. Death is said to have occurred on the date stated above, at 10:40 a.m.

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

Pneumonia lobar. (Date of onset 5-15-35)
Myocarditis ?
Other contributory causes of importance:
Hypertension ?
Arteriosclerosis ?

Name of operation None Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? No.

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? No.
 If so, specify _____
 (Signed) Chas. W. Rasche, M. D.
 (Address) Ellington Mo.

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.

