

SEP 20 1935

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

Do not use this space.

26236

1. PLACE OF DEATH

County Grundy Registration District No. 329
Township North Primary Registration District No. 5-195
City Paris (No. _____) St. _____ Ward _____

2. FULL NAME

William Harrison Wardrip
(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 <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>Helia B. Wardrip</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 7-1861</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>10</u>	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>			
	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) <u>Harrison's Corn</u>				
FATHER	13. NAME <u>William Wardrip</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Edyth Brooks</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS) <u>Helia Wardrip Paris, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richardson's Cem.</u> DATE <u>Aug. 7</u> 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>C. J. Robertson Paris, Mo.</u>				
20. FILED <u>Sept 11</u> 19 <u>35</u> <u>J. C. Humphreys</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-17-1914, 1914, to 8-5-1935, 1935.
I last saw him alive on 8-5-1935, 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Tuberculosis pulmonary
Date of onset _____

Other contributory causes of importance: J. C.

Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) A. L. Lamas M. D.
(Address) Paris Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

