

OCT 30 1935

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

Do not use this space.

31646
Wm. W.

1. PLACE OF DEATH

County HeronRegistration District No. 875

Township

Primary Registration District No. 3039City Nevada, Mo. (No.)File No.
Registered No. 178
St. Ward)

2. FULL NAME

(a) Residence, No. 706 N. Washington St. Ward. 2

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHarry Wardrip

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

Oct 22, 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

781029

OCCUPATION

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)

Illinois

13. NAME

James Patter

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

15. MAIDEN NAME

Jane Patter

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

17. INFORMANT

(ADDRESS)

Jean Babers Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hunter's Care DATE Sept 28, 1935

19. UNDERTAKER

(ADDRESS)

Ferry Funeral Home Nevada, Mo.

20. FILED

9-23-35 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21, 1935

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 10:50 A.M.

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

Date of onset

Heart Disease
Died suddenly
no violence

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

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?

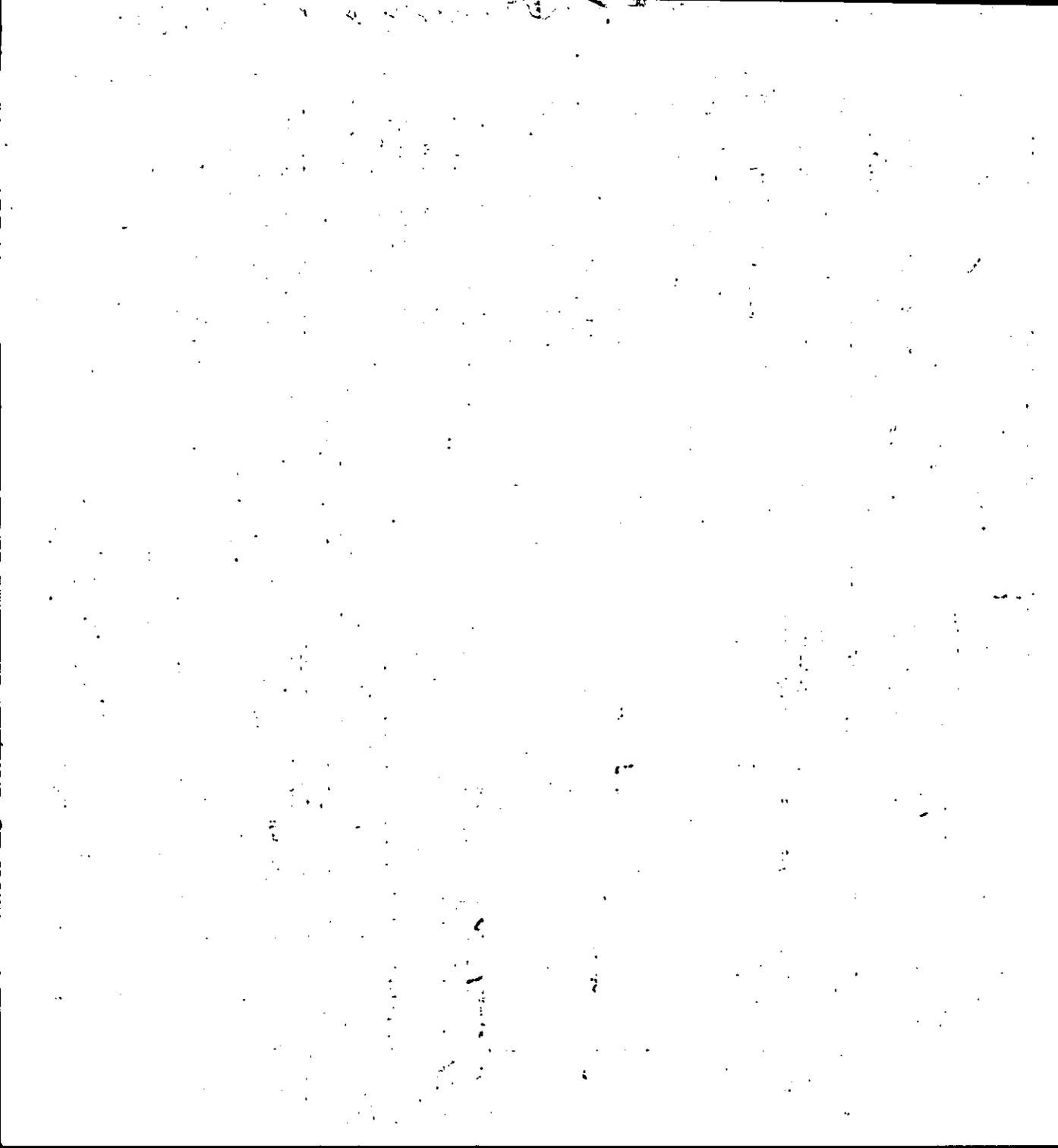
If so, specify

(Signed)

(Address)

Wm. W. B. Terry Coroner, M.D.
Nevada, Mo.

N. E.—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.



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY,
Do not use this space.

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township _____ Primary Registration District No. 3039
City Nevada (No. _____) St. _____ Ward _____

File No. _____
Registered No. 178

2. FULL NAME

Francis A. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS 76 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as painter, 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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 9/23 1935 M. Coehly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1934

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Heart Disease
Acute Heart
Disease

Date of onset

Other contributory causes of importance:

No further information

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

When 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) L. B. Ferry Coroner, M. D.
(Address) Nevada

EXHIBIT
SUPPLEMENTARY

935

S-31644