

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

Do not use this space.

36883

DEC 19 1935

**1. PLACE OF DEATH**

County Oregon  
Township Oak Grove  
City                      (No.                     )

Registration District No. 632  
Primary Registration District No. 5847

File No.                       
Registered No. 32  
St.                      Ward                     

**2. FULL NAME**

Missouri Ward  
Thayer Mo

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 1 mos.                      ds.                       
(If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs.                      mos.                      ds.                     

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 7 7

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife  
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) Oregon Co Missouri

FATHER 13. NAME R.O. Tribble

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

MOTHER 15. MAIDEN NAME Adaline Emery

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

17. INFORMANT Eugenia Crowell  
(ADDRESS) Couch Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem DATE 11 5 35, 1935

19. UNDERTAKER Leo Carr Thayer Mo  
(ADDRESS)                     

20. FILED Nov 5, 1935 George Johnson  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 4 1935, 1935

22. I HEREBY CERTIFY That I attended deceased from Aug 30, 1935, to Nov 4, 1935  
I last saw her alive on Oct 18, 1935. Death is said to have occurred on the date stated above, at 1:10 PM  
The principal cause of death and related causes of importance were as follows:

Fracture of hip due to vertigo and fall on floor. Date of onset Aug 30 1935

Other contributory causes of importance: Arterio sclerosis 1933

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? accid Date of injury 8/30, 1935  
Where did injury occur? Oregon Co, Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fall on floor  
Nature of injury fracture hip

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify                       
(Signed)                     , M. D.  
(Address) Thayer 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.

