

FEB 18 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

39106

1. PLACE OF DEATH

County Worth
 Township Madison
 City (No. St. Ward)

Registration District No. 777
 Primary Registration District No. 6238

File No.
 Registered No.

2. FULL NAME

(a) Residence, No. B. Fred St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</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>Ward Floyd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9 1852</u>		
7. AGE <u>83</u>	YEARS <u>7</u>	MONTHS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Worth Co. Mo.</u>
13. NAME <u>G. Fred</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Worth Co. Mo.</u>
15. MAIDEN NAME <u>Koddy</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Worth Co. Mo.</u>

17. INFORMANT (ADDRESS) <u>Emmett Fred</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West House</u> DATE <u>Dec 31 1935</u>
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19. UNDERTAKER (ADDRESS) <u> </u>

20. FILED <u>1-3-</u> 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1935, to Dec 30 1935
 I last saw him alive on Dec 10 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Other contributory causes of importance: Asphyxia
 Date of onset Apr 35

Name of operation none Date of
 What test confirmed diagnosis? Microscopic Was there an autopsy? yes

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.

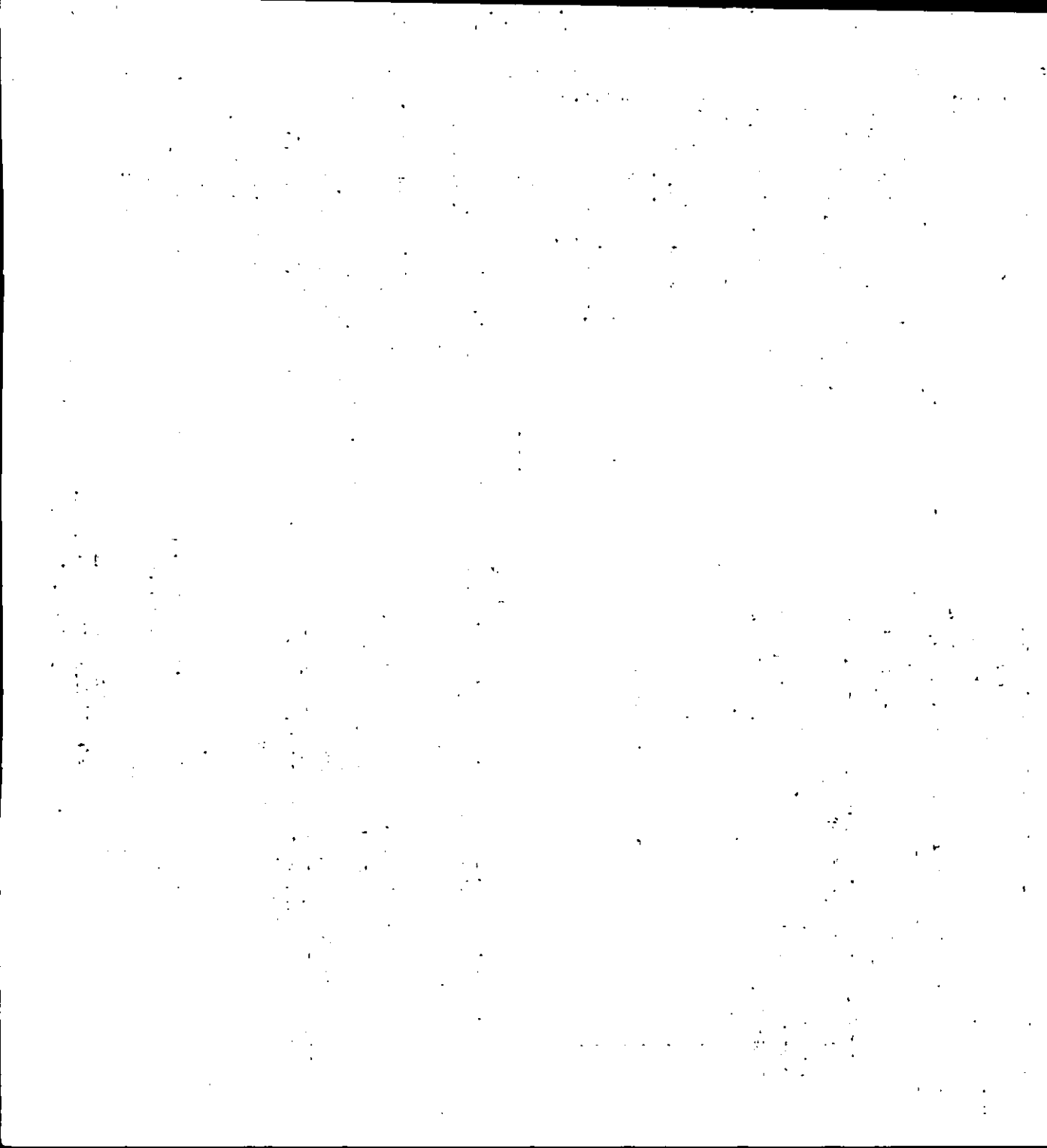
Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) J. P. Jackson, M. D.
 (Address)

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

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1. PLACE OF DEATH

County St. Louis

Registration District No. 997

Township Madison

Primary Registration District No. 6238

City St. Louis

(No. 1)

St. 1 Ward 1

2. FULL NAME

(a) Residence, No. J. B. Ard

St. 1 Ward 1

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1852

7. AGE YEARS 83 MONTHS 7 DAYS 22 If LESS than 1 day, write in fraction.

8. Trade, profession, or particular kind of work done, as spinner, 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) May 4 1934 Total time (years) spent in this occupation 83

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 St. Louis DATE Mar 4 1934

19. UNDERTAKER (ADDRESS)

20. FILED Mar 4 1934 Mar. Etta Mager Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1933, 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:

Date of onset

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....., 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)....., M. D.

(Address).....

S-39104