

JUL 23 1936

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

Do not use this space.

23456

1. PLACE OF DEATH

County Linn Registration District No. 496 File No. _____
Township _____ Primary Registration District No. 3020 Registered No. 59
City Brookfield (No. _____ St. _____ Ward _____)

2. FULL NAME

Infant Daughter of Andrew White Ward _____
(a) Residence, No. 2 mi S & W of Brookfield (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1936

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. min.
2 1/2 Hours

OCCUPATION 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield mo

MOTHER 13. NAME Andrew White

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

15. MAIDEN NAME Mary A. Paris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10 mi S of Brookfield mo

17. INFORMANT (ADDRESS) Andrew White

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE June 9 1936

19. UNDERTAKER (ADDRESS) Thurman Walker Brookfield mo

20. FILED July 20 1936 Whucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8 1936 to June 9 1936
I last saw him alive on June 9 1936 Death is said to have occurred on the date stated above, at 11:36 a.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Pulmonary atelectasis
161a

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? do
If so, specify _____ (Signed) James M. Whucas, M. D.
(Address) Brookfield, mo

MEMORANDUM FOR THE RECORD

DATE: 10-11-55

TO: SAC, NEW YORK (100-100000)

FROM: SA [Name], NEW YORK (100-100000)

SUBJECT: [Subject Name]

23455

RE: [Subject Name]

[Faded text]

[Faded text]