

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.

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

Do not use this space.

33429

AUG 31 1936

1. PLACE OF DEATH

County Wernon

Registration District No. 875

File No. _____

Township _____

Primary Registration District No. 3039

Registered No. 230

City Nevada (No. _____)

St. _____

Ward _____

2. FULL NAME Milma Wardrip

(a) Residence, No. 900 E. Dixon St. 15 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) Aug 7, 1936

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

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) Nevada

13. NAME James Wardrip

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

15. MAIDEN NAME Madeline Miller

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

17. INFORMANT (ADDRESS) James Wardrip

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood DATE Aug 8, 1936

19. UNDERTAKER (ADDRESS) Ferry Funeral Home

20. FILED Aug 8, 1936 Michinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 7 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936 to Aug 7, 1936. I last saw him alive on Aug 7, 1936. 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:

Prematurity about 6 1/2 months. Date of onset

Other contributory causes of importance:

none

Name of operation none Date of _____

What test confirmed diagnosis? exam Was there an autopsy? no

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? no

If so, specify _____

(Signed) W. Love, M. D.

(Address) Nevada, Mo.

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