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.

FEB 16 1937

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

Do not use this space.

336

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township — Primary Registration District No. 3007 — Registered No. 3

City Poplar Bluff (No. Oak St. & Frisco R.R. St. Ward)

12 2 7 9 1

2. FULL NAME Raymond Lee Ward Jr.

(a) Residence, No. 103 Davidson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb.2,1924

7. AGE — YEARS: 12 — MONTHS: 10 — DAYS: 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-Child
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) Poplar Bluff, Missouri

FATHER

13. NAME Raymond Lee Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Missouri

MOTHER

15. MAIDEN NAME Vituria Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Missouri

17. INFORMANT (ADDRESS) Raymond Lee Ward, Butler Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem.
PLACE Poplar Bluff, Mo DATE Jan.3 1937

19. UNDERTAKER (ADDRESS) Frank Und. Co., Poplar Bluff, Mo.

20. FILED 1/3 1937 Oblutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 1937

22. 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 11:25 A.m.

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

accidental Traumatism by being run over by a Frisco freight train

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accidental Date of injury Jan 1, 1937

Where did injury occur? Poplar Bluff (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury run into side freight train

Nature of injury sewered body, Left leg, Right arm

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Grover W. Greer coroner, ~~M. D.~~

(Address) Poplar Bluff Mo