

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.

AUG 19 1937

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

Do not use this space.

26803

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

St. Ward

File No.

Registered No.

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

78 yrs. 8 mos. 2 ds.

How long in U. S., if of foreign birth?

Yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Pond		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 - 1866		
7. AGE	YEARS 75	MONTHS 8
	DAYS 2	IF LESS than 1 day, hrs. or min.
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) Caldwell Co. Mo.		
FATHER	13. NAME Lewis Davis	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co. Mo	
MOTHER	15. MAIDEN NAME Jane Tippet	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co. Mo	
17. INFORMANT (ADDRESS) E. P. Pond		
18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE July 15 37		
19. UNDERTAKER (ADDRESS) T. Moore & Son Breckenridge Mo		
20. FILED July 30 1937 A. R. M. Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1937 to July 14, 1937. I last saw him alive on July 14, 1937. Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:
Gastric ulcer perforated. With severe hemorrhage.

Other contributory causes of importance:
1170

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? No
If so, specify _____
(Signed) A. R. Wilsey, M. D.
(Address) Breckenridge Mo

