

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wald Registration District No. 701
Township Marion Primary Registration District No. 5930
City (No. _____) St. _____ Ward _____

File No. 31512
Registered No. 174

2. FULL NAME

Cora Beetta Ware
(a) Residence, No. _____ St. _____ Ward _____
(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

| | | |
|---|--|--|
| 3. SEX <u>female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4 1878</u> | | |
| 7. AGE | YEARS <u>59</u> | MONTHS <u>10</u> |
| | DAYS <u>18</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>H-K.</u> | |
| | 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 _____ | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:50 A. M.

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

Uremia
Chronic Int. Nephritis
Date of onset 2 days

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) S. B. Hutchinson, Coroner
(Address) Bolivar

| | |
|--------|---|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> |
| | 13. NAME <u>Riley Ware</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> |
| | 15. MAIDEN NAME <u>Eliza Penniman</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> |
| | 17. INFORMANT (ADDRESS) <u>Walter M. C. Lee</u> |
| | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barren Creek</u> DATE <u>Aug. 23 1937</u> |
| | 19. UNDERTAKER (ADDRESS) <u>Hutchinson, Bolivar, Mo.</u> |
| | 20. FILED <u>8-23-1937</u> <u>J. P. Roberts</u> Registrar. |

