

REC'D NOV 5 1938

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

36364  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 274  
(b) Township Lilbourn Primary Registration District No. 6261 Registered No. \_\_\_\_\_  
(c) City Lilbourn, Mo. (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anita Fern Ward  
(a) Residence, No. 5 Miles North, Lilbourn, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 5th, 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
4 4 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child  
9. Industry or business in which work was done, as 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) Sikeston, Mo.

FATHER 13. NAME B.W. Ward

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

MOTHER 15. MAIDEN NAME Ellen Trull

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

17. INFORMANT (ADDRESS) B.W. Ward  
Lilbourn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kewanee, Mo. DATE Oct, 6, 38

19. FUNERAL DIRECTOR (ADDRESS) Arden Ellise  
Sikeston, Mo.

20. FILED 19\_\_\_\_ Local Registrar. 531

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-2-1938 to 10-4-1939

I last saw him alive on 10-2-38 Death is said to have occurred on the date stated above, at 5:20 a.m.

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

acute myocardial infarction  
115h  
Date of onset

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) G. N. Wilson, M. D.

(Address) Lilbourn, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Arden Ellis, Licensed Embalmer No. 3869

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me on Oct. 5, 1938

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Arden Ellis

Licensed Embalmer No. 3869

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH  
 (a) County New Madrid Registration District No. 274  
 (b) Township Lewis Primary Registration District No. 6261 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Arleta Fern Ward  
 (a) Residence, No. 5 miles north Lillbourn St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 4 0  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child  
 9. Industry or business in which work was done, as 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) 10 - 5 - 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 10 - 2 - 1938 to 10 - 4 - 1938  
 I last saw her alive on 10 - 2 - 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

acute Toxicity  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston  
 13. NAME B. W. Ward  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 15. MAIDEN NAME Ellen Ward  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis  
 17. INFORMANT B. W. Ward (ADDRESS) Lillbourn mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Kewanee DATE Oct 6 38  
 19. FUNERAL DIRECTOR Arden Ellise (ADDRESS) Sikeston mo  
 20. FILED Dec 10 1938 E. E. Jones Local Registrar.

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) G. W. Wilson M. D.  
 (Address) Lillbourn mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

