

REC'D AUG 17 1939

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

Do not use this space.

25246

1. PLACE OF DEATH

County Camden
Township Adair
City (No.)

Registration District No. 118
Primary Registration District No. 5769

File No.
Registered No. 5-
St. Ward)

2. FULL NAME

(a) Residence, No. 50 Alfred Cairn Ward.
(Usual place of abode) Chimox Springs Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word)
Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-15-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 19

8. Trade, profession, or particular kind of work done, as sptner, sawyer, bookkeeper, etc. Retired farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labourer

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) Carmel Indiana13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Old age Benjamin P. R. Camden Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Ridge DATE July 5-193919. UNDERTAKER Wally Barker (ADDRESS) Camden Mo20. FILED July 5-1939 W. S. Windsor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1939

22. I HEREBY CERTIFY That I attended deceased from July 3rd 1939 to July 4- 1939
I last saw him alive on July 4 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Shock from bullet damage
Probably Sarcoma

Date of onset

Other contributory causes of importance:

UnknownName of operation none Date ofWhat test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

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. S. Windsor M. D.(Address) Chimox Springs Mo

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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.

WHILE FILING, WITH FORWARDING INFORMATION IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 7-39-120

Date Filed 8-9-39