

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

Do not use this space.

39242

**1. PLACE OF DEATH**

County..... Vernon  
Township..... Merada  
City..... Merada (No.....)

Registration District No..... 875  
Primary Registration District No..... 3039

File No.....  
Registered No..... 243  
St..... Ward)

**2. FULL NAME** Emma Lonetta Ward

(a) Residence, No..... 328 E. Allison St., 3A Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5-14-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40      7      6

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) own home  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Henry Bertin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Lydia Caver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT J. B. Ward  
(Address) 328 E. Allison St. Merada

15. FILED 1-9-28 E. R. Thier REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21- 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-13, 1927, to 12-21, 1927 that I last saw him alive on 11-21, 1927, and that death occurred, on the date stated above, at 9 0 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

myocarditis  
6 weeks (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) J. B. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. M. Yates, M. D.

12-21-27 (address) Merada, Mo  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pana Illinois DATE OF BURIAL Dec 26 1927

20. UNDERTAKER Ferry Funeral Home Merada, Mo ADDRESS

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.

PARENTS

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