JUN 10 1928

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

Do not use this space.

19726

1. PLACE OF DEATH
County Webster
Township ~~Marshfield~~
City Marshfield (No. ..... St. ..... Ward)

Registration District No. 896
Primary Registration District No. 4542

File No. .....
Registered No. 25

2. FULL NAME Sarah A. Ward

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jun. 5, 1844

7. AGE: 84 YEARS | MONTHS: 4 | DAYS: 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 48
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Dunklin Co
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Beery Harris
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): Julia A. Davis
12. MAIDEN NAME OF MOTHER: ~~Sarah A. Harris~~
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY)

14. INFORMANT: Mrs Dolly Ferguson
(Address) 923 Ave. 9 East Hutchinson, Kans.

15. FILED 5/30/28 J. R. Bruce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1928

17. I HEREBY CERTIFY, That I attended deceased from 1926 1, 19..., to May 12, 1928, that I last saw her alive on May 12, 1928, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uterine Cancer
Type unknown
8 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 46
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John L. Dolly, M. D.
5/14, 1928 (Address) Marshfield 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: Marshfield
DATE OF BURIAL: 5/16 1928

20. UNDERTAKER: H. J. McMahan
ADDRESS: Marshfield

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.