

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

Do not use this space.

10821

1. PLACE OF DEATH

County..... Registration District No. *48*
 Township..... Primary Registration District No. *7.0*
 City *St. Louis* (No. *4239*, *Emright Ave* St. Ward)

File No.
 Registered No. *2845*

2. FULL NAME

Caroline Ward
 (a) Residence. No. *4239 Emright Ave* St. *11* 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 <i>Female</i>	4. COLOR OR RACE <i>Col'd</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>wid.</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Not known</i>				
7. AGE <i>abt 62</i>	YEARS -	MONTHS -	DAYS -	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <i>Housework</i>				
(b) General nature of industry, business, or establishment in which employed (or employer) <i>at home</i>				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mississippi*

PARENTS	10. NAME OF FATHER <i>James Wheeler</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Va.</i>
	12. MAIDEN NAME OF MOTHER <i>Not known</i>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Not known</i>

14. INFORMANT *Wm Ward* (Address) *1819 Bellemeade*

15. FILED *20 1930* REGISTRAR *W. C. Stork*

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar. 18 1930*
 17. I HEREBY CERTIFY, That I attended deceased from *March 15*, 1930, to *March 18*, 1930 that I last saw her alive on *March 18*, 1930, and that death occurred, on the date stated above, at *6:50 P. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Broncho-pneumonia
107A*

162 (duration) yrs. mos. ds.

CONTRIBUTORY *Senility* (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH *1000*

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*
 (Signed) *W. C. Robinson* M. D.

2/20, 1930 (Address) *11 N Jefferson Ave*

*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 *Washington Park* DATE OF BURIAL *Mar. 23 1930*

20. UNDERTAKER *W. C. Harrison* ADDRESS *2906 Lawton*

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

K. 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.

2
2
31

