

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

Do not use this space.

26870

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Hart

Primary Registration District No. 109

City J.C. Mo.

(No. 5103 E 39th St.)

File No. 3483

Registered No. 3483

St. _____ Ward _____

2. FULL NAME

Mary Louise Ward

(a) Residence. No. 5103 E 39th St. Ward. 14

(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

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)

April 15, 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

4

5

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

Child

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

J.C. Mo.

PARENTS

10. NAME OF FATHER

William Ward

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Macon Mo.

12. MAIDEN NAME OF MOTHER

Marnie Francis McCullough

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Alton Mo.

14. INFORMANT

(Address)

Tom. Ward
5103 E 39th St.

15. FILED

FILED

8/22 1930 M. M. Brown
REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 20 1930

17.

I HEREBY CERTIFY, That I attended deceased from Aug 6th, 1930, to Aug 20, 1930 that I last saw her alive on Aug 20, 1930 and that death occurred, on the date stated above at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
107A
106A

CONTRIBUTORY (SECONDARY)

Cold (duration) _____ yrs. _____ mos. 2 ds.
14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH

100A

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John R. Lewis, M. D.

*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

DATE OF BURIAL

Memorial Pk. Aug 22 1930

20. UNDERTAKER

ADDRESS

Roed Henderson 158 Jack

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.

Dr Lewis
3548 In. M
Zin 0731