

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

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

Do not use this space.

APR 27 1931

1. PLACE OF DEATH

County Saline
 Township Slater
 City Slater (No.)

Registration District No. 779
 Primary Registration District No. 4479

File No. 12806
 Registered No. 19
 St. Ward

2. FULL NAME

(a) Residence Anthony 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 Black
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day hrs. min.
65

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

FATHER
 13. NAME John Ellis
 14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Amelia Williams
 16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT Lula Jones (ADDRESS) Slater Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Slater Mo DATE Mar 28-1931

19. UNDERTAKER John Salzer (ADDRESS) Slater Mo

20. FILED 3-18 1931 W. M. Tupper Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16-1931

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to March 15, 1931
 I last saw her alive on March 15, 1931. Death is said to have occurred on the date stated above, at 10 a m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Rt lobe
11A
108
110
 Other contributory causes of importance from history 3-8-31

Name of operation None Date of
 What test confirmed diagnosis? Culture Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 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 He lectured
 (Signed) M. D.
 (Address) Slater Mo

