

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade Registration District No. 305
 Township _____ Primary Registration District No. 4184
 City Owensville (No. _____) St. _____ Ward _____

File No. 24722
 Registered No. 260

2. FULL NAME

Mollie E. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of N.E. Ward</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>92-15-1876</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>7</u>	DAYS <u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Auxbridge Canada</u>		
FATHER	13. NAME <u>Andrew Cannon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
MOTHER	15. MAIDEN NAME <u>Mary E Nolan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
17. INFORMANT <u>Nolan Ward</u> (ADDRESS) <u>Owensville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Owensville</u> DATE <u>Aug. 1st, 1931</u>		
19. UNDERTAKER <u>W.F. Gottenstroeter</u> (ADDRESS) <u>Owensville Mo</u>		
20. FILED <u>8-1</u> 19 <u>31</u> <u>J.F. Farrell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to July 29, 1931
 I last saw her alive on July 28, 1931. Death is said to have occurred on the date stated above, at 9:50 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset _____
arteriosclerosis
 Other contributory causes of importance:
None
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 _____
 (Signed) Joseph W Mills, M. D.
 (Address) Owensville Mo

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.

AUG 26 1931

