

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.

10157

**1. PLACE OF DEATH**

County..... Registration District No. 5701  
 Township St Louis Primary Registration District No. 1000  
 City St Louis (No. 5731) Temple

File No.....  
 Registered No. 2174  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St., 5 Ward. .... (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 (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>William Ward</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9 1847</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>11</u>
	DAYS <u>24</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u> <u>5</u>	
	13. NAME <u>Neal McCallar</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u> <u>8</u>	
MOTHER	15. MAIDEN NAME <u>Jeannette McCallar</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
17. INFORMANT (ADDRESS) <u>Mary Ward</u> <u>5731 Temple</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>3-7-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Hanigan &amp; Shea 400 N. 2nd St</u>		
20. FILED <u>147</u> <u>6</u> <u>10</u> <u>1932</u> <u>W. J. O'Sullivan</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1931, to March 4, 1932.  
 I last saw her alive on March 4, 1932. Death is said to have occurred on the date stated above, at 8 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis  
Arterial Sclerosis  
 Other contributory causes of importance  
none  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? Urine Was there an autopsy? no

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.....  
 (Signed) J. H. Weaver M. D.  
 (Address) Missouri Bldg.

