

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

Do not use this space.

18894

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
 1 Township 1 Primary Registration District No. 9009
 8 City 1 (No. 20 East Mo Hospital) St. _____ Ward _____

File No. _____
 Registered No. 131

2. FULL NAME

Jacquelyn Ward
 (a) Residence, No. 112 S Pacific St. _____ Ward _____
 (Usual place of abode)
 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5

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) Cape Girardeau Mo

13. NAME Wm Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernie Mo

15. MAIDEN NAME Essie Howell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Mo

17. INFORMANT Wm Ward
 (ADDRESS) 712 S Pacific

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Cem. DATE 6-8-1932

19. UNDERTAKER Hagan's Funeral Home
 (ADDRESS) Cape Girardeau Mo

20. FILED 6/8 1932 Wes Gumpfer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1932

22. I HEREBY CERTIFY that I attended deceased from May 29 1932 to June 7 1932
 I last saw her alive on June 7 1932 Death is said to have occurred on the date stated above, at 6:40 m.

The principal cause of death and related causes of importance were as follows:

Gastro-enteritis
1195 119
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ 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? _____ 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?
 If so, specify _____
 (Signed) Paul N. Williams, M. D.
 (Address) Cape Girardeau, Mo

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.

JUL 22 1932

MISSOURI STATE BOARD OF HEALTH - A PERMANENT RECORD

