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

Do not use this space.

25202

File No.
Registered No. 6629

1. PLACE OF DEATH

County
Township
City St. Louis (No. City Hospital St. Ward)

Registration District No. 1003
Primary Registration District No.

2. FULL NAME Margaret E. Ward

(a) Residence, No. 3445 Arlington 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.

AUG 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilbur Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8-1913

7. AGE Years 20 Months 1 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Troy Penn

FATHER

13. NAME Wm. Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Penn

MOTHER

15. MAIDEN NAME Effie M. Daniels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Penn

17. INFORMANT Wilbur Ward
(ADDRESS) 3445 Arlington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy Penn DATE 8-1 1933

19. UNDERTAKER White-Mahon
(ADDRESS) Troy Penn

20. FILED JUL 31 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 P. m.

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

	Date of onset
Septic Abortion	
Pelvic Abscess	
Acute Fibrous Pleurisies	
Acute Peritonitis	
Criminal Abortion	

Other contributory causes of importance: Homicide

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 7/27/1933
Where did injury occur? St. Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Criminal Abortion
Nature of injury Acute Peritonitis

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John J. Sweeney, M. D.
(Address) Deputy Coroner

7/31/1933

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.