

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

Do not use this space.

28907

1. PLACE OF DEATH

County Caldwell Registration District No. 94
 Township Breckenridge Primary Registration District No. 410.5-6
 City Breckenridge No. _____ St. _____ Ward _____

2. FULL NAME

Frances 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Ward
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1845
 7. AGE 88 YEARS MONTHS 27 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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. Furniture Store
 10. Date deceased last worked at this occupation (month and year) 7-18-33 11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Ohio

13. NAME William Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Elizabeth Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. P. L. Euelith
 (ADDRESS) Breckenridge, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Breckenridge DATE Oct 1 1933

19. UNDERTAKER B. M. Neich
 (ADDRESS) Hamilton Mo.

20. FILED Sept 29 1933 E. A. Thompson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1933, to Sept 29, 1933

I last saw him alive on Sept 29, 1933. Death is said to have occurred on the date stated above, at 2-30 P.M. (P.M.)

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

Cholecystitis Chronic

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) E. A. Thompson, M. D.

(Address) Breckenridge, 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.

OCT 20 1933

15 2

