

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.

38969

## 1. PLACE OF DEATH

County Worth  
Township Wetchall  
City Grand City (No. 1)

Registration District No. 903  
Primary Registration District No. 4545

File No. 39  
Registered No. 39  
St.      Ward     

## 2. FULL NAME

(a) Residence, No.      St.      Ward       
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</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>Mary J. Ward</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 6 1858</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>8</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>any thing</u>		
10. Date deceased last worked at this occupation (month and year) <u>March 1939</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spaulding, Illinois</u>		
13. NAME <u>Marcelle Ward</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montreal, Canada</u>		
15. MAIDEN NAME <u>Rachel Babcock</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winnipeg, Canada</u>		
17. INFORMANT <u>Mrs. Geo. Ehler</u> (ADDRESS) <u>Grand City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grand City, Mo.</u> DATE <u>Nov 25, 1939</u>		
19. UNDERTAKER <u>Arch. C. Simblee</u> (ADDRESS) <u>Grand City, Mo.</u>		
20. FILED <u>11/20 1939</u> <u>John C. Cresswell</u> Registrar.		

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1939

22. I HEREBY CERTIFY That I attended deceased from Nov. 20, 1939 to Nov. 23, 1939

I last saw him alive on Nov. 22, 1939. Death is said to have occurred on the date stated above, at      m.

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

Endocarditis -  
Altering Rheumatism  
56E  
92B

Other contributory causes of importance:

Obstructive  
Pharyngitis

Name of operation      Date of     What test confirmed diagnosis? Physician's report Was there an autopsy? no23. 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)      M. D.  
(Address)

