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

Do not use this space.

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City Farmington, Mo. (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 10199
Registered No. 39

2. FULL NAME Elizabeth 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 80			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 3-4 1934

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 3-3- 1934 T. J. Robinson
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1933, to March 2, 1934
I last saw h. alive on March 2, 1934. Death is said to have occurred on the date stated above, at 10:10 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
131	
97	
102	

Other contributory causes of importance:

Senile Dementia	1929?
Chronic Nephritis	?

Name of operation None Date of
What test confirmed diagnosis? Clinical Findings 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) C. C. Ault, M. D.
(Address) Farmington, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

94 APR 25 1934 31 31 31