

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

Do not use this space.

JAN 11 1935

42243

1. PLACE OF DEATH

County Carroll

Registration District No. 133

File No. _____

Township Car Horn

Primary Registration District No. 5184

Registered No. 21

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

Sarah Delana 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Gas Ward

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

5-1-1843

7. AGE

YEARS 91

MONTHS 7

DAYS 12

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Housekeeper

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)

Alabama

MOTHER FATHER

13. NAME

Wm Miles

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

Tenn.

15. MAIDEN NAME

Lowell

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

Tenn.

17. INFORMANT (ADDRESS)

Mrs Effie Ward

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coloma DATE 12-14-1934

19. UNDERTAKER (ADDRESS)

C. A. Dickerson

20. FILED 12-14, 1934 Gani Henderson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 4, 1934, to Dec 6, 1934

I last saw him alive on Dec 6, 1934 Death is said to have occurred on the date stated above, at 3:00 p.m.

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

4 hrs / 11 W

Date of onset 12/1-34

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Physical findings

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) J. M. Hooper, M. D.
B. Ogden, M. D.

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.

