

JAN 6 1935

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

Do not use this space.

820

1. PLACE OF DEATH

County Franklin
Township Waverly
City Robertsville, Mo.

Registration District No. 293
Primary Registration District No. 5416

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Mary Francis Ward Ward.
(Usual place of abode) Robertsville Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Hiram Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 6 23

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

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) Robertsville Mo.

13. NAME William Bay

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

15. MAIDEN NAME Nancy Frye

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Henry Ward
Robertsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seed Cemetery DATE Jan 6 1935

19. UNDERTAKER (ADDRESS) Wm. Chase
St. Louis, Mo.

20. FILED Jan 6 1935 E. G. Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1935

22. I HEREBY CERTIFY that I attended deceased from Dec. 27, 1934, to Jan 4, 1935

I last saw h. Er. alive on Jan 3, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Broncho-pneumonia
H.A.

Date of onset Dec. 26
1934

Other contributory causes of importance: Influenza

Dec. 25
1934

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No. Date of injury No., 19_____

Where did injury occur? No. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No.

Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) Henry C. Bartling, M. D.

(Address) Ray Summit - 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

