WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 23 1935

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

Do not use this space.

24234

1. PLACE OF DEATH
County St Louis — Registration District No. 43 — File No.
Township ~~St Louis~~ Ferguson Town — Primary Registration District No. 4468 — Registered No. 101
City Ferguson Mo. (No. 419 Julia Ave St. Ward)

2. FULL NAME Mary Ann Ward
(a) Residence, No. 419 Julia Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jesse M. Ward.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3, 1879
7. AGE: YEARS 56 — MONTHS 4 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
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): Salem, Missouri

FATHER
13. NAME: John Stagner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem, Missouri

MOTHER
15. MAIDEN NAME: Margaret Golden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mr. Jesse M. Ward. 419 Julia Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE: Oak Grove Cem. DATE: July 19 1935
19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave
20. FILED 7/19 1935 W. A. Zeitler Registrar. 7/17/35
Per E. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16 1935

22. I HEREBY CERTIFY That I attended deceased from May 1, 1935, to July 16, 1935
I last saw her alive on 7-16, 1935. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia (Lobar)	7-14-35

108

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation ..... Date of .....
What test confirmed diagnosis? Cli 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? .....
If so, specify .....
(Signed) T J Kemp, M. D.
(Address) 4503 Washington Ave.

Dr Thos. [illegible]
4503 Washington
ave

4 P M.

Ro. 3653