

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

Do not use this space.

SEP 16 1935

**791  
1003**

27758

**1. PLACE OF DEATH**

County..... Registration District No. **1003** File No. ....  
Township..... Primary Registration District No. .... Registered No. **6807**  
City **St. Louis Mo.** (No. **Deaconess Hospital**) St. .... Ward

**2. FULL NAME** *Beatrice Joyce Ward*

(a) Residence, No. *3657 Shenandoah av* Ward. *17* (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 *child*  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 22-1933*

7. AGE YEARS MONTHS Days If LESS than 1 day, ..... hrs. or ..... min.  
*2 2 17*

OCCUPATION

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

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

15. MAIDEN NAME *Louise Barclay*

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

17. INFORMANT *Mr Morgan Ward*  
(ADDRESS) *3657 Shenandoah av.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthew's* DATE *Aug 9 1935*

19. UNDERTAKER (ADDRESS) *E. J. Schumel Lafayette av*

20. FILED *AUG -9 1935* Registrar. *J. F. Bredeck*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 8 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July 12 1935* to *Aug 8 1935*  
Last saw *or* alive on *Aug 8 1935* Death is said to have occurred on the date stated above, at *1036* m.

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

*Encephalitis lethargica*  
*non epidemic*  
Other contributory causes of importance:  
*78*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *W. H. [Signature]*, M. D.  
(Address) *1003 [Address]*



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. Seaconess Hospital St. .... Ward)

File No. ....  
 Registered No. 6807

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
 (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

2 2 17

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10/11 1935 J. F. Bredeel Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1935

22. I HEREBY CERTIFY, That I attended deceased from

19... to ... 19...  
 I last saw him alive on ... 19... 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:

encephalitis  
athargic  
non epidemic

Date of onset

Other contributory causes of importance:

This certificate is correct.  
encephalitis  
non epidemic

Name of physician Date of report  
 What test confirmed diagnosis? Was there an autopsy?

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) ... M. D.

(Address)

5-27958