

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.

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

Do not use this space.

JAN 20 1936

40640

1. PLACE OF DEATH

County.....Platte..... Registration District No.....693.....  
Township..... Primary Registration District No.....4415.....  
City.....Edgerton..... (No. ...., ..... St. .... Ward)

2. FULL NAME

Pearl May 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 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 Frank F. Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/18/11

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
24 0 9

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) Buchanan Co., Mo.  
(STATE OR COUNTRY)

13. NAME Carl Dakins

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

15. MAIDEN NAME Augusta Gierkey

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

17. INFORMANT Frank F. Ward  
(ADDRESS) Edgerton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Everett Cem DATE 12/29/35 19

19. UNDERTAKER L. F. Ballins  
(ADDRESS) Platte City Mo

20. FILED 1/9 1936 Virian Ballins  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27/35 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 26, 1935, to Dec 27, 1935.  
I last saw her alive on Dec 27, 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:

Gastric Carcinoma Date of onset Unknown  
Other contributory causes of importance: None

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chemical Was there an autopsy? 20

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? 20  
If so, specify .....  
(Signed) Walter S. Wood, M. D.  
(Address) Edgerton, Mo.

