NOV 22 1936

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

Do not use this space.

37033

1. PLACE OF DEATH

County: Cass — Registration District No.: 161

Township: Dayton — Primary Registration District No.: 5226

City: ~~Garden City~~, Mo. (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Mrs. Abigletter Ward

(a) Residence. No. ..... Garden City, Mo. 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. 7 mos. ..... ds. ..... How long in U.S., if of foreign birth? yrs. ..... mos. ..... ds. .....

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	9	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Wm. Underwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(~~STATE~~ OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Nancy Carry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR ~~COUNTRY~~) Missouri

14. INFORMANT Hard Bros.
(Address) Garden City, Mo.

15. FILED Nov 10 1936 Nellie M. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1936

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1936, to Oct 31, 1936 that I last saw h. ..er alive on Oct 30, 1936 and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage,

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No DATE OF ..... No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Physical History

(Signed) Geo. D. Crockett M.D.

, 19 (Address) Garden City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Dayton

DATE OF BURIAL: Nov 1 1936

20. UNDERTAKER: J. M. Kauffman

ADDRESS: Garden City 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.