

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.

DEC 3 1936

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

Do not use this space.

42953

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 3727 Finney)

St. ....

Ward)

File No.....

11526

Registered No.....

2. FULL NAME Ada Poston Ward

(a) Residence, No. 3727 Finney St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 - 16 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
39 10 2

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

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) Missouri

13. NAME Anderson Poston

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

15. MAIDEN NAME Belle Poston

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

17. INFORMANT Genevieve Dickerson (ADDRESS) 3727 Finney Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson's DATE 11/21 1936

19. UNDERTAKER C. W. Roberts (ADDRESS) 3035 Lucas Avenue

20. FILED NOV 20 1936 J. T. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18 1936

22. I HEREBY CERTIFY, That I attended deceased from 1920 to 1936

I last saw him alive on 11/18 1936 Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Apoplexy (Cerebral) 10 or 12 days

Other contributory causes of importance: Hypertension

Name of operation: What test confirmed diagnosis? There was 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 T. H. Walker, M. D. (Signed) 909 E. Jefferson (Address)

