

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.

JAN 10 1937' MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

46843

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. CITY DISTRICT NO. 2)

File No.....  
Registered No. **12665**  
St. .... Ward)

2. FULL NAME Ella Ward

(a) Residence, No. 3047 Cass Ave. St. 11 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-26-1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	50	5	26	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housework
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home</u>
	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) Miss.

13. NAME Wesley Deering

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

15. MAIDEN NAME Cora Allen

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

17. INFORMANT (ADDRESS) Ruby Perdeau  
2945 Lawton Avenue

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Greenwood DATE Dec 27 1936

19. UNDERTAKER (ADDRESS) J.W. Hughes  
2630 Lawton

20. FILED DEC 26 1936  
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-7- 1936 to 12-22- 1936

I last saw her alive on 12-22- 1936 Death is said to have occurred on the date stated above, at 12:30 P. M.  
The principal cause of death and related causes of importance were as follows:

PULMONARY TUBERCULOSIS 9-7-1936

23

Other contributory causes of importance:  
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Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical 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) A. J. Lewis, M. D.  
(Address) 2945 Lawton Ave.

