

MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130
 Township Delta Primary Registration District No. 5170
 City Delta - Mo. (No. Blaine)
 St. _____ Ward _____

File No. 5356
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mrs Maggie Stacy Ward _____
 (Usual place of abode) Delta Mo

Length of residence in city or town where death occurred 13 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 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 Will Stacy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 17

8. Trade, profession, or particular kind of work done, as spinner, 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. 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

13. NAME W. J. Francis

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

15. MAIDEN NAME Sarah Pruitt

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

17. INFORMANT (ADDRESS) Will Stacy Delta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Little View Cemetery Feb 3 1937

19. UNDERTAKER (ADDRESS) Deacons & Sons Cape Girardeau Mo

20. FILED 2/13 - 37 J. M. Slade Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____ 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 1935 to _____ 1937
 I last saw _____ alive on _____ 1937. 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:

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

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation _____ Date of _____
 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) W. J. Francis, M. D.
 (Address) Blaine, 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.

