

MAY 21 1937

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

Do not use this space.

16633

1. PLACE OF DEATH

49 County Jasper Registration District No. 408 File No. _____
3 Township _____ Primary Registration District No. 3020 Registered No. _____
7 City Carthage (No. McCrone - Brooks Hospital) Ward _____

2. FULL NAME

Joan Allard St. _____ Ward _____
(a) Residence, No. _____ (Usual place of abode)
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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16 1937

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Carthage, Mo13. NAME B. Milton Allard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage, Mo15. MAIDEN NAME Mabel Katherine Wilson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mouett, Mo17. INFORMANT (ADDRESS) B. Milton Allard18. BURIAL, CREMATION, OR REMOVAL PLACE 515 - 6 1/2 block (at home) DATE Apr. 17 193719. UNDERTAKER (ADDRESS) B. Milton Allard - Carthage, Mo.20. FILED Apr. 17 1937 S. B. Chilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17 1937

22. I HEREBY CERTIFY, That I attended deceased from April 17 1937, to April 17 1937.
I last saw her alive dead Apr 17 1937. Death is said to have occurred on the date stated above, at 11:40 P.M.
The principal cause of death and related causes of importance were as follows:

Still Born Date of onset _____
(Auto Driving)
Other contributory causes of importance: _____

Name of operation None Date of _____What test confirmed diagnosis? History Was there an autopsy? Yes

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) S. B. Chilton, M. D.
(Address) _____

