

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

Do not use this space.

JUN 12 1937

18843

2057

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City Mo. No. 1214 West 43rd St. 2

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME MRS. MARY WARD.

(a) Residence, No. 1214 West 43rd St. 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to April 28, 1937

Last saw her alive on April 28, 1937. Death is said to have occurred on the date stated above, at 9:15 p.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7th, 1857.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>25</u>	<u>80</u>	<u>3</u>	<u>22</u>	

Coronary Thrombosis Date of onset April 23 1937

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.....

(940)

Other contributory causes of importance: arterio sclerosis 1932

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

Name of operation _____ Date of _____

13. NAME Patrick Mackin

What test confirmed diagnosis? _____ Was there an autopsy? no

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

15. MAIDEN NAME Margaret Gilmore

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

17. INFORMANT Edward J. Arens
(ADDRESS) 1214 West 43rd, K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5/1/37, 1937

19. UNDERTAKER Melody-McGilley
(ADDRESS) K.C. Mo.

20. FILED 5-1, 1937 M.M. Crowe act
Registrar.

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.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Chas. Cronick, M. D.

(Address) 2602 East 15th Kansas City

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.

da B. B. B. B. B.

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