JUN 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County Worth — Registration District No. 903 — File No. 21637
Township Fletchall — Primary Registration District No. 6212 — Registered No.
City Grant City (No. St. Ward)

2. FULL NAME Mary Jane Ward
(a) Residence, No. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Ward
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1857
7. AGE Years 79 Months 6 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) March 1937
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springmountain Ohio

FATHER
13. NAME William Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Elizabeth Hunter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Geo. Ohler
(ADDRESS) Denver, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City Cem. DATE 5/10 1937
19. UNDERTAKER Arth C. Dunfee
(ADDRESS) Grant City, Mo.
20. FILED 6-9 1937 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9 — 1937
22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1937, to 5-9, 1937
I last saw her alive on 5-8 1937 Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage — Date of onset 5-1-37
Other contributory causes of importance: Hypertension

Name of operation — Date of
What test confirmed diagnosis? Physical findings — 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? No
If so, specify
(Signed) E. J. Ross M.D.
(Address) Grant City 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.