

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 99  
Township Kaw Primary Registration District No. 002  
City Kansas City (No. 505 Indey Ave)

File No. 29859  
Registered No. 3403  
St. 3403 Ward

2. FULL NAME

Essie B. Ward  
(a) Residence, No. 505 Indey Ave St. 3403 Ward.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28-1881  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 yr 4 23  
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 21 1937  
22. I HEREBY CERTIFY, That I attended deceased from 9:30 to 10:00, 1937  
I last saw him alive on 8/27, 1937 Death is said to have occurred on the date stated above, at 8:07 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic sclerotic Chronic fibrous myocarditis  
Date of onset 93e

Other contributory causes of importance:  
Name of operation Cholera Date of 9/21/37  
What test confirmed diagnosis Cholera Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury 9/21/37  
Where did injury occur? at home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Cholera  
Nature of injury Cholera  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no  
(Signed) W. M. Rowe, M. D.  
(Address) Rowe

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota  
13. NAME Bosley  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
15. MAIDEN NAME Nora Wilson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT (ADDRESS) Husband  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Tomona Va Aug 24-37  
19. UNDERTAKER (ADDRESS) Edna B. Baggett  
20. FILED Aug 23 1937 M. M. Rowe Registrar.

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