

1938

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

Do not use this space.

43488

1. PLACE OF DEATH

50 County JEFFERSON Registration District No. 421
Township _____ Primary Registration District No. 5575A
1 City Crystal City, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME KATTIE DAVIS WARD

(a) Residence, No. Crystal City, Mo., St. Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. 4 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) UNKNOWN
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLIE WARD
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 30th 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 11 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE - WORK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN -
10. Date deceased last worked at this occupation (month and year) DEC. 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BELVIEW MO.

13. NAME David Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WASHINGTON Co. MO.

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT Patsy Dwyer
(ADDRESS) Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crystal City DATE Jan. 1, 1939

19. UNDERTAKER (ADDRESS) Wm. P. Whittle
Crystal City, Mo.

20. FILED 7/1/1 1939 J. E. Rathbun, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1938, to Dec. 28, 1938

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:10 P.M.

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

Cerebral Hemorrhage
Date of onset 12/27

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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) [Signature], M. D.
(Address) [Address]

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.

