

35 MAY 22 1939

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

Do not use this space.

15424

1. PLACE OF DEATH

County Springfield
Township Blue Mount
City Springfield

Registration District No. 575
Primary Registration District No. 5684

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

630 Brunetta Glicie 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 _____ 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 (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1938, to 4-17, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1860

I last saw her alive on 4-17, 1939. Death is said to have occurred on the date stated above, at 11:30 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 8 6 27

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) April 7, 1937 11. Total time (years) spent in this occupation 6 1/2

Myocarditis (chronic) 1934
Date of onset

Other contributory causes of importance:
Cholecyctitis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera Was there an autopsy? No

13. NAME Ekadwiche, Ogle - 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Eliza Wilson

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

17. INFORMANT (ADDRESS) Harold Ward

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Calvary Cem. H-90 39

19. UNDERTAKER (ADDRESS) John Ward

20. FILED April 19 1939 Teresa D. Harper 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.

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. S. Morset, M. D.
(Address) Springfield 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.

WRITE PLAINLY, WITH SPACING INSTEAD OF A PERMANENT RECORD

