

MAR 21 1928

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

Do not use this space.

6154

## 1. PLACE OF DEATH

County St. Francois  
Township Peery  
City Bonneton (No. ....)

Registration District No. 775  
Primary Registration District No. 6070

File No. ....  
Registered No. 19  
St. .... Ward)

## 2. FULL NAME

Emily Elizabeth 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Charles A. Ward

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

October 7 1860

## 7. AGE

| YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|----------------------------------|
| <u>67</u> | <u>4</u> | <u>16</u> |                                  |

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Bonneton

(STATE OR COUNTRY)

Mo.

## 10. NAME OF FATHER

Christian Patte

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

France

(STATE OR COUNTRY)

France

## 12. MAIDEN NAME OF MOTHER

Lige Mezell

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Delago

(STATE OR COUNTRY)

Mo.

## 14.

INFORMANT  
(Address)

Marion H. Ward  
Bonneton Mo.

## 15.

FILED

2-24-28  
Y. A. Son

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

February 23 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1928, to February 23, 1928 that I last saw her alive on Feb. 23, 1928, and that death occurred, on the date stated above, at 4-25 P.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

At home

## DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY?

No.

WHAT TEST CONFIRMED DIAGNOSIS?

Examinations

(Signed)

Lee Turley, M. D.

2-24, 1928 (Address)

Bonneton Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Bonneton cemetery

2-26 1928

## 20. UNDERTAKER

## ADDRESS

Joe Deiner

Florian

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.

