

MAR 2 1928

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

Do not use this space.

6153

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township Perry Primary Registration District No. 6020
City Bonneton (No.) St. Ward

File No.
Registered No. 20
St. Ward

2. FULL NAME

(a) Residence. No. Mary Bell Ward St. Ward.
(Usual place of abode) Bonne Terre, Mo. (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 Henry Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 - 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 7 11

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)

9. BIRTHPLACE (CITY OR TOWN) Marionville
(STATE OR COUNTRY) Lawrence County, Mo.

10. NAME OF FATHER Alfred Rudy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Doe Run, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza J. Farrell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) McBville, Tennessee
(STATE OR COUNTRY)

14. INFORMANT Mrs. Flora Beckwith
(Address) Bonne Terre, Mo.
15. FILED 2/27 1928 V. A. Don REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1928

17. I HEREBY CERTIFY That I attended deceased from 9:00 to 10:30 by Feb. 26 1928 that I last saw her alive on Feb. 25 1928, and that death occurred, on the date stated above, at 12:35 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis and Enlargement of Liver.
17 (duration) yrs. 1 mos. 1 da.

CONTRIBUTORY (SECONDARY) 128 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: St. Louis

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

20. WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) See Surley, M. D.

2-26 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 Bonneton County DATE OF BURIAL 2-28 1928
20. UNDERTAKER P. A. Beuhorn ADDRESS Bonneton

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.

