

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County, *St. Francois*
Township, *Bonnet Terre*
City, *Bonnet Terre* (No.)

Registration District No. *775*
Primary Registration District No. *6020-A*

File No. *46584*

Registered No. *37*
St: Ward)

2. FULL NAME

Charles Ward

(a) Residence, No. *119 N. Johnson* St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *78* yrs. *9* mos. *21* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widowed.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 2*, 19*37*.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Emily L. Ward*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 26*, 19*37*, to *Dec. 2*, 19*37*.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 11-1869.*

I last saw him alive on *Dec. 2*, 19*37*. Death is said to have occurred on the date stated above, at *12:00 P.M.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, (.....) hrs. or (.....) min.
78 *9* *21*

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

Lobar Pneumonia Date of onset *11-1-37*

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none.*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none.*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:
General debility

12. BIRTHPLACE (CITY OR TOWN) *Bonne Terre* (STATE OR COUNTRY) *Mo.*

FATHER
13. NAME *Richard Ward*

14. BIRTHPLACE (CITY OR TOWN) *England* (STATE OR COUNTRY) *Eng.*

MOTHER
15. MAIDEN NAME *Nancy Mailed*

16. BIRTHPLACE (CITY OR TOWN) *Leunicee* (STATE OR COUNTRY) *Mo.*

Name of operation Date of
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No.*

17. INFORMANT (ADDRESS) *John Ward, Bonne Terre Mo.*

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)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bonne Terre, Mo. Dec. 5-1937*

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) *Joe Digner, Flat Rock, Mo.*

Manner of injury
Nature of injury

20. FILED *Dec 3*, 19*37*, *N.W. Hawkins* Registrar.

24. Was disease or injury in any way related to occupation of deceased? *No.*
If so, specify

(Signed) *R. B. Reiter*, M. D.
(Address) *Desloge, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

