PLACE OF DEATH

Howard

p. ~~Charlton~~

Glasgow (NO. ____ St.; ____ Ward)

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

Registration District No. 379 File No. 12408

Primary Registration District No. 4223 Registered No. ____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Susie Ward

PERSONAL AND STATISTICAL PARTICULARS

COLOR OR RACE: C

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

OF BIRTH: 4-18-1876 ~~Dont Know~~ (Month) (Day) (Year)

43 yrs. 10 mos. 23 ds. If LESS than 1 day, ____ hrs. or ____ min.?

TION
e, profession, or
r kind of work: House Keeper

ral nature of industry,
, or establishment in
nployed (or employer): Home

ACE
wn,
reign country): Glasgow Mo

ME OF
THER: Alfred Banks

RTHPLACE
FATHER
ty or town, State or foreign country): Dont Know

IDEN NAME
MOTHER: Charity Adams

RTHPLACE
MOTHER
ty or town, State or foreign country): Glasgow Mo

OVE IS TRUE TO THE BEST OF MY KNOWLEDGE

nt): J. Ward

ADDRESS): Husband

3-11-, 1920, Comp Pritchett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mch-11-, 1920 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 9-15, 1920, to 3/10, 1920, that I last saw her alive on 3/10, 1920, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

28 (Duration) ____ yrs. 8 mos. ____ ds.

Contributory (SECONDARY) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) O H Trueble M. D.

3/11, 1920 (Address) Glasgow Mo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

PLACE OF BURIAL OR REMOVAL: Glasgow Mo

DATE OF BURIAL: 3-12-, 1920

UNDERTAKER: E. A. Wingler

ADDRESS: Glasgow Mo

PLACE OF DEATH

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

County _____

Township _____ Registration District No. _____ File No. _____

or

Village _____ Primary Registration District No. _____ Registered No. _____

or

City _____ (NO. _____ St.: _____ Ward)

[If death o hospital or give its NA of street and

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH _____ (Month) _____ (Day), 1_____ (Year)

AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

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

BIRTHPLACE (City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER (City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191____, _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____ (Month) _____ (Day)

I HEREBY CERTIFY, that I attended decea _____, 191____, to _____

that I last saw h_____ alive on _____

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

_____

_____

_____

_____ (Duration) _____ yrs. _____ mos. _____

Contributory _____ (SECONDARY)

_____ (Duration) _____ yrs. _____ mos. _____

(Signed) _____

_____ 191____ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent C (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BUR
UNDERTAKER	ADDRESS