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

7211

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 10

City SAINT LOUIS (No. 2307 MORGAN STREET St. ..... Ward)

File No. .....

Registered No. 1520

2. FULL NAME ADA WARD

(a) Residence. No. 2307 MORGAN STREET. 21 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE	COL	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN 2, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42	1	–	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work LAUNDRESS 238
(b) General nature of industry, business, or establishment in which employed (or employer) DAY WORK
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ELSBURY
(STATE OR COUNTRY) MISSOURI

PARENTS
10. NAME OF FATHER BEN BRAXTON
11. BIRTHPLACE OF FATHER (CITY OR TOWN) UNK.
(STATE OR COUNTRY) MISSOURI
12. MAIDEN NAME OF MOTHER JANE HOUSTON
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) MISSOURI

14. INFORMANT MARY BROCK
(Address) 4407 KENNERLEY AVE

15. FILED Feb 11 1931 Khy C. Vincent
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB. 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1931 to Feb 1st 1931 that I last saw her alive on Feb 1st 1931 and that death occurred, on the date stated above, at 8-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza –
11 Dr
(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Pneumonia (Lobar)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S. H. Brown, M. D.
Feb 6th 1931 (Address) 822 E. N. Jefferson

*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 Washington Park — DATE OF BURIAL Feb. 6 1931

20. UNDERTAKER Charles G. Gates — ADDRESS 4107 Finney

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 UNFADING INK—THIS IS A PERMANENT RECORD