

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

Do not use this space.

FEB 27 1934
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1. PLACE OF DEATH

County St. Charles Registration District No. 757 File No. 2293
Township St. Charles Primary Registration District No. 3036 Registered No. 10
City St. Charles (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mary Willarding Ward. Wentzville Mo.
(Usual place of abode) St. Joseph Hospital (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Willarding
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 8 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dardana Mo
13. NAME Edward Bryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Keger Ireland
15. MAIDEN NAME Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Keger Ireland
17. INFORMANT Edgar Willarding
(ADDRESS) Wentzville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville DATE Jan 22 1934
19. UNDERTAKER (ADDRESS) Wentzville, Mo.
20. FILED 1/19 1934 Clarence S. Husler
Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1934
22. I HEREBY CERTIFY That I attended deceased from Jan 10 1934 to Jan 19 1934
I last saw him alive on Jan 19 1934 Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:
Acute Pulmonary Edema Date of onset 1-17-34
12:00 A
1:30 A
1:45 A
Other contributory causes of importance: 27
Bronchial asthma
hypertension
Acute Cholelithiasis
Name of operation Cholecystectomy Date of 1-15-34
What test confirmed diagnosis? Was there an autopsy? No
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)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. C. Carter, M. D.
(Address) St. Charles, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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