

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.

MAY 22 1936

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

Do not use this space.

11541
~~15990~~

1. PLACE OF DEATH

County Madison Registration District No. 538
Township Fredricktown Primary Registration District No. 3028
City Fredricktown St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Callie Ward

(a) Residence, No. _____ St. _____ 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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Ward</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25-1855</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>6</u>	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>			
	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) <u>Granletton Wayne Co Mo</u>				
MOTHER FATHER	13. NAME <u>Miles Whitener</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>			
	15. MAIDEN NAME <u>Catherine Kinder</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>			
17. INFORMANT <u>R. N. Davis</u> (ADDRESS) <u>Fredricktown Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Christian Church</u> DATE <u>Apr 15</u> 19 <u>36</u>				
19. UNDERTAKER <u>Ed. H. H. H.</u> (ADDRESS) <u>Fredricktown Mo.</u>				
20. FILED <u>Apr 14</u> 19 <u>36</u> <u>S. A. S. Coughlin</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1936 to Apr 13 1936
I last saw her alive on Apr 13 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Asthma Date of onset _____

Other contributory causes of importance:
Senile Degeneration of Heart

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 2

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 2 Date of injury _____ 1936
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?
If so, specify _____
(Signed) M. B. Barber M. D.
(Address) Fredricktown Mo.

THE STATE OF TEXAS, County of DALLAS, do hereby certify that the following is a true and correct copy of the original as the same appears in the records of the County of DALLAS, State of TEXAS, to-wit:

...

Witness my hand and seal of office this 10th day of January, 1919.

County Clerk

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

Do not use this space.

11541

1. PLACE OF DEATH

County Madison

Registration District No. 538

Township Federicktown

Primary Registration District No. 3028

City Federicktown No. _____

File No. _____

Registered No. _____

2. FULL NAME

Callie Ward

(a) Residence, No. _____ St. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
80 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) _____

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION OR BENEFIT PLACE Federicktown DATE April 15 1936

19. UNDERTAKER (ADDRESS) _____

20. FILED June 9 1936 B. A. Slaughter Registrar

Ray G. A. Schwaner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935 to April 13 1936

I last saw her alive on April 13 1936 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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.

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