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.

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

JUL 24 1936

Do not use this space.

23517

1. PLACE OF DEATH
County: Madison — Registration District No.: 536 — File No.:
Township: St Michael — Primary Registration District No.: 3028 — Registered No.:
City: Fredericktown No. ..... St. ..... Ward)

2. FULL NAME: Katherine Conchetta 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: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 2, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
X	15	2	24	

OCCUPATION
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): Clubb, Wayne Co Missouri

FATHER
13. NAME: Shade M Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clubb, Wayne Co Missouri

MOTHER
15. MAIDEN NAME: Maggie Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lodi Mo

17. INFORMANT (ADDRESS): S. M. Ward Fredericktown

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Clubb, Mo DATE: June 27, 1936

19. UNDERTAKER (ADDRESS): Ed H. Mell Fredericktown

20. FILED June 27, 1936 S. C. Slaughter Registrar.
By C. A. Schwaner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-10-, 1936 to 6-26, 1936
I last saw her alive on 6-26, 1936 Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	6/1-36

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? No
If so, specify .....
(Signed) W. Harry Barron, M. D.
(Address) Fredericktown Mo