

REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Union
City Hannibal

Registration District No. 547
Primary Registration District No. 3079
(No. Levering Hospital)

File No. 18841
Registered No. 157
St. _____ Ward _____

2. FULL NAME

Eliza Belle Ward

(a) Residence, No. 2828 west Market St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Ward

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to May 18, 1938.
I last saw him alive on May 18, 1938. Death is said to have occurred on the date stated above, at 9.06A.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 22, 1875

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 7 26

Carcinoma of Caecum

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

Other contributory causes of importance:
Peritonitis
Cholecystitis
Chromocystitis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

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) Mountrose, Iowa

13. NAME Calvin Showers

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

15. MAIDEN NAME Mary Murphy

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

17. INFORMANT John L. Ward
(ADDRESS) 2828 west Market St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olivet DATE May 20, 1938

19. UNDERTAKER Wm. L. Smith
(ADDRESS) 902 Broadway

20. FILED May 21, 1938 J. C. Fisher Registrar

Name of operation Cypher Date of _____
What test confirmed diagnosis Cypher 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) J. C. Fisher, M. D.

(Address) 1001 Perry St. Hannibal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. J. C. Fisher

