

50 MAY 10 1939

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

15031
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 387
(b) Township Dry Creek Primary Registration District No. 554d Registered No.
(c) City (d) Street No. St.
(e) Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARTHA JANE WARD

(a) Residence, No. Pomona, Mo. Route 1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Wm. A. Ward
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1877
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 10 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as 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) Clark County, Iowa. (STATE OR COUNTRY)

FATHER 13. NAME David Bryan

14. BIRTHPLACE (CITY OR TOWN) Jamestown, Ohio. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Leodica Breace

16. BIRTHPLACE (CITY OR TOWN) Hasky County, Iowa. (STATE OR COUNTRY)

17. INFORMANT D. O. Bryan (ADDRESS) Willow Springs, Mo. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL Mackey Cemetery PLACE Pomona, Mo. DATE April 5, 1939

19. FUNERAL DIRECTOR (NAME) Hal Thornburgh (ADDRESS) West Plains, Mo.

20. FILED 4-18-39 Dora Cagle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1939, to March 29, 1939
I last saw h. alive on March 27, 1939. Death is said to have occurred on the date stated above, at 10:10 a. m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Date of onset 3-21/39
Other contributory causes of importance: hypertension

Name of operation None Date of
What test confirmed diagnosis? Chemical 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 Card
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. O. Bryan, M. D.
347 (Address) West Plains, Mo.

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

1 X14022

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Hal Thornburgh

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, X

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.