Harwell

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

Do not use this space.

297

FEB 22 1927

1. PLACE OF DEATH
County: Butler — Registration District No. 89 — File No.
Township: — Primary Registration District No. 3007 — Registered No. 18
City: Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME: Robert 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: Mall
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Maud Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 16-1886

7. AGE: Years 40 — Months 9 — Days No — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Com Labor
(b) General nature of industry, business, or establishment in which employed (or employer): Stave Factory
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Butler County

PARENTS
10. NAME OF FATHER: Andrew Ward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Elizabeth Redford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Mrs Robert Ward
(Address): Poplar Bluff Mo

15. FILED 2-5-1927 W. S. Bailey, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1927, to Jan 16, 1927 that I last saw him alive on Jan 16, 1927, and that death occurred, on the date stated above, at 9 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
130
132-B
Uremia
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Glomerular Nephritis
(duration) ..... yrs. 3 or 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory, Clinical

(Signed) J. L. Harwell, M. D
1/22, 1927 (Address) Poplar Bluff Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bayspring — DATE OF BURIAL: Jan 18 1927

20. UNDERTAKER: J. J. Frank — ADDRESS: Poplar Bluff

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.

3044

1672

3630
6680
1703
2344
143.57
2860
172.17

55
52
110
275
2860