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

Do not use this space. 3151

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 748

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis Mo (No. 4108a Lexington St. ..... Ward)

2. FULL NAME Henry Albert Ward

(a) Residence. No. 4108a Lexington St., 10 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Addie Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-20-1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	9	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Insp. Met Ins Co.
(b) General nature of industry, business, or establishment in which employed (or employer): Grand & Palm St.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER John Ward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) " "

14. INFORMANT Mrs Addie Ward
(Address) 4108a Lexington Ave

15. FILED JAN 22 1927 19.. May C Starnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1927

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1924, to Jan 21, 1927 that I last saw him alive on Jan 20, 1927, and that death occurred, on the date stated above, at 7:20 a.m. 1/21/27

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Phthisis Pulmonalis
(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Nephritis Chronic
(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L H Crapp, M. D
, 19 (Address) 4000 Greer Ave

*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: Hot Springs Ark. DATE OF BURIAL: Jan 24 1927

20. UNDERTAKER: Provost Fund Co ADDRESS: 3710 N. Grand

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.

WHITE PLANET, WITH UNFADING INKLETTS IS A PERMANENT RECORD