OCT 4 1927

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

Do not use this space.

26206

1. PLACE OF DEATH
County Scotland — Registration District No. 809 — File No.
Township Harrison — Primary Registration District No. 60 [illegible] — Registered No.
City (No. , St. Ward)

2. FULL NAME Lawrence Jesse Ward
(a) Residence. No. Gorin, Mo. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 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: Iva Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 15, 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
42	6	24	

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

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

PARENTS
10. NAME OF FATHER: William Ward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Etta Humphry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Macon Co. Mo.

14. INFORMANT (Address): Mrs Iva Ward Gorin, Mo

15. FILED Aug 9 1927 F. M. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 9 1927

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1926, to Aug 9, 1927 that I last saw him alive on Aug 9, 1927, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of Liver and Valvular Heart Lesion
124 B
[illegible] (duration) 3 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. M. Johnson, M. D
Aug 10, 1927 (Address) Gorin 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: Gorin Cemetery — DATE OF BURIAL: Aug. 11 1927

20. UNDERTAKER: Gerth & Baskett — ADDRESS: Gorin, Mo.

A. E. 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.