5003 Delmar

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

Do not use this space.

28911

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 28911

Township..... Primary Registration District No. 1003 Registered No. 8484

City St Louis (No. 3120 Arsenal St. Ward)

2. FULL NAME Thomas J Ward.

(a) Residence. No. 3120 Arsenal St., 16 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: 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: Mollie Ward.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 21 - 1867

7. AGE: Years 59 | Months 11 | Days ~~24~~ | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: John Ward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) England.
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Don't Know

14. INFORMANT: Mollie Ward
(Address) 3120 Arsenal St.

15. FILED SEP 23 1927 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-21 1927

17. I HEREBY CERTIFY, That I attended deceased from 9-12-, 1927, to 9-21-, 1927 that I last saw him alive on 9-20-, 1927, and that death occurred, on the date stated above, at 3:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 129 A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) R. W. Denny, M. D
9-21, 1927 (Address) 5003 Delmar

*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: Calvary Cemetery | DATE OF BURIAL: 9-24 1927

20. UNDERTAKER: Weick Bros 2201 | ADDRESS: So 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.