

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

Do not use this space.

21795

1. PLACE OF DEATH		Registration District No.		File No.
County <u>Louisiana</u>		1170		
Township <u>Sickman Heights</u>		Principal Registration District No. <u>6248H</u>		Registered No. <u>133</u>
City <u>Sickman Heights</u>		(Name of Hospital) <u>St. Mary's Hospital</u>		St. _____ Ward _____
2. FULL NAME <u>Frank R. Ward</u>				
(a) Residence. No. _____		St. _____		Ward. <u>Necatur Illinois</u>
(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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (<u>write the word</u>) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 23, 1884</u>				
7. AGE <u>43</u>	YEARS	MONTHS <u>6</u>	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Dry Goods Buyer</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Unknown</u>				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u>				
(STATE OR COUNTRY)				
10. NAME OF FATHER <u>Patrick Ward</u>				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u>				
(STATE OR COUNTRY)				
12. MAIDEN NAME OF MOTHER <u>Lucy</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u>				
(STATE OR COUNTRY)				
14. INFORMANT <u>Sister Sylvia</u>				
(Address) <u>St. Mary's Hospital</u>				
15. FILED <u>6/4, 1928</u> <u>C. L. Jensen</u> REGISTRAR				
MEDICAL CERTIFICATE OF DEATH				
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>June 4, 1928</u>				
17. I HEREBY CERTIFY , That I attended deceased from <u>May 10, 1928</u> , to <u>June 3, 1928</u> , that I last saw him alive on <u>June 3, 1928</u> , and that death occurred, on the date stated above, at <u>1:35 A.M.</u>				
THE CAUSE OF DEATH WAS AS FOLLOWS: <u>Nephritis Secondary</u> <u>134 H</u>				
CONTRIBUTORY <u>Ureterial Calculus</u> (SECONDARY) <u>Pneumonia</u> (duration) _____ yrs. _____ mos. _____ ds. _____ yrs. _____ mos. _____ ds.				
18. WHERE WAS DISEASE CONTRACTED <u>Illinois</u>				
IF NOT AT PLACE OF DEATH: _____				
19. DID AN OPERATION PRECEDE DEATH? <u>yes</u> DATE OF _____ <u>May 14, 1928</u>				
20. WAS THERE AN AUTOPSY? <u>No</u>				
WHAT TEST CONFIRMED DIAGNOSIS? <u>X-Ray</u>				
(Signed) <u>J. J. Kramarsky</u> , M.D. <u>June 4, 1928</u> (Address) <u>Acad. Bldg. St. Louis</u>				
*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.				
21. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Necatur Illinois</u>				DATE OF BURIAL <u>6/6, 1928</u>
22. UNDERTAKER <u>Ruby Bros. 302 Lafayette</u>				ADDRESS

