

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

Do not use this space.

1. PLACE OF DEATH

Comty. Wayne
Township Waverly
City (No.) St. Ward

Registration District No. 870
Primary Registration District No. 6188

File No. 29551
Registered No. St. Ward

2. FULL NAME

Washington Alexander 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 67 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min.
67 1 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) Wayne Co Mo

PARENTS

10. NAME OF FATHER John A. Ward

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Elmira Ward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) DK

14. INFORMANT Mrs. Myrtle White (Address) Silva, Mo.

15. FILED 8/18, 1928 Geo. T. Deeper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 - 1928

17. I HEREBY CERTIFY, That I attended deceased from May, 1928, to Aug, 1928 (that I last saw him alive on Aug 7, 1928, and that death occurred, on the date stated above, at 1 a. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus

59 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 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.....

(Signed) Geo F Wagner, M. D.

8-8-, 1928 (Address) Greenville, 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 DATE OF BURIAL

Greenville Cem. 8-8- 1928

20. UNDERTAKER Charles Harris ADDRESS Club No.

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.

