

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

Do not use this space.

35270

1. PLACE OF DEATH

County Franklin

Registration District No. D-1 Fulton 318

File No. 698

Township Springfield

Primary Registration District No. 5440

Registered No. 698

City Springfield (No. R.F.D. # 3)

St. Mo. Ward 3

St. 3 Ward 3

2. FULL NAME

Samuel L. Ward

(a) Residence. No. R.F.D. # 3 St. Mo. Ward 3

(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

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

Wm. H. Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 2 - 1866

7. AGE

YEARS 67 MONTHS 0 DAYS 2 If LESS than 1 day, hrs. or mins.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(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)

Ind.

10. NAME OF FATHER

Henry Clay

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

12. MAIDEN NAME OF MOTHER

Williamson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

14.

INFORMANT

(Address)

Frank Ward  
R.F.D. # 3

15.

FILE

10-528 OCTOBER MO

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

10-4-1928

17. HEREBY CERTIFY, That I attended deceased from March 10 1928 to Oct 4 1928 that I last saw him alive on Oct 4 1928, and that death occurred, on the date stated above, at Springfield, Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of the Stomach -  
about 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

440

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Fulton, M. D.  
10-5-28 (Address) Springfield 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

Maple Park

DATE OF BURIAL

10-6-28

20. UNDERTAKER

W. L. Harve

ADDRESS

Maple Park

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

