

1 1928

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

Do not use this space.

33330

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. ....

Township Springfield

Primary Registration District No. 2001

Registered No. 734

City Springfield (No. 1923 Ramsey Ave.)

Ward 4

St. .... Ward)

2. FULL NAME

(a) Residence. No. 1923 Ramsey Ave. 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, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabel Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9-1844

7. AGE YEARS 84 MONTHS 3 DAYS 7 If LESS than 1 day, ... hrs. or ... min.

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

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

10. NAME OF FATHER Eben Ward

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

12. MAIDEN NAME OF MOTHER Mary Armstrong

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

14. INFORMANT Mrs. W.G. Ward (Address) Springfield, Mo

15. FILED 10-18-28 October 18 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-16-28

17. I HEREBY CERTIFY, That I attended deceased from 10-13-28, 1928 to 10-16-28, 1928 that I last saw him/her alive on 10-16-28, 1928, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Endocarditis 9/11

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? 20 DATE OF

WAS THERE AN AUTOPSY? 219

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) Henry T. Keefe, M.D. (Address) 450 1/2 E. Paul

\*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 National Cemetery DATE OF BURIAL Oct 19, 1928

20. UNDERTAKER A.W. Linger ADDRESS 6. Paul Springfield, Mo.

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.

