

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

Do not use this space.

14125

1. PLACE OF DEATH
 County Leasw Registration District No. 161
 Township Dayton Primary Registration District No. 5226
 City Garretts City Mo (No. _____) (If nonresident give city or town and State)
 2. FULL NAME Esaac Ward
 (a) Residence No. 39 Anderson city mo 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. _____ da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

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 Mrs. Esaac Ward
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 3, 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 | 1 | |

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)

Seward
 (STATE OR COUNTRY) Kennel Co Ill
10. NAME OF FATHER Samuel S Ward

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Susan E Ruy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) New York State

14.

INFORMANT George Ward
 (Address) Creighton, Mo

15.

FILED Apr 10, 1929 Mrs. S. D. Wagner
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1929
 17. I HEREBY CERTIFY That I attended deceased from March 9, 1929 to April 3, 1929
 that I last saw him alive on April 3, 1929, and that death occurred, on the date stated above, at _____ P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Stomach
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) W.A.
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... at home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical & physical findings

(Signed) George W. Wagner, M.D.

, 19 (Address) Garretts City 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

Dayton, Mo

DATE OF BURIAL

April 5 1929

20. UNDERTAKER

R. B. Arnold

ADDRESS

Creighton 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.

