

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

Do not use this space.

17972

JUN 25 1929

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
 Township Blue Primary Registration District No. 3819 Registered No. 181
 City Independence Mo. Independence Ranch (No. _____) (St. _____) (Ward _____)

2. FULL NAME

(a) Residence, No. John Milton Ward. _____
208 Nutting Farm (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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 0 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Printer
 (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) Indiana

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT Mrs Jozie Milton
 (Address) 208 Nutting Farm

15. FILED 5-9 1929 J L Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 30 1929 to May 7 1929 and that I last saw him alive on May 6 1929 and that death occurred, on the date stated above, at about 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Parenchymatous Nephritis
Diabetes mellitus 54
Arterio Sclerosis 132A
 (duration) 97 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? Clinical + Obstetrical

(Signed) W. H. Miller M. D.

5-8-29 19 (Address) 10307 Indep av KC 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

Newcomer Vault May 10 1929

20. UNDERTAKER ADDRESS

H. H. Newcomer's Home KC Mo.

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.

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