

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

Do not use this space.

**38291**

**PLACE OF DEATH**

County St. Louis  
Township Capitol Hill  
City St. Louis

Registration District No. 789  
Primary Registration District No. 6033  
No. 3225 Marshall Ave

File No. ....  
Registered No. 3697  
St. .... Ward)

**FULL NAME**

William P. Ward

(a) Residence. No. 3225 Marshall Ave St., ..... 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug - 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
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8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Moscow Md  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Ward

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

12. MAIDEN NAME OF MOTHER Rebecca Atkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) W. Va Fugonia  
(STATE OR COUNTRY) .....

14. INFORMANT Mrs. E. E. Gash  
(Address) 3225 Marshall Ave

15. FILED 11/29 1929 Idella Gray, M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1929

17. I HEREBY CERTIFY, That I attended deceased from May 15 1928 to Nov 28 1929 that I last saw him alive on Nov 28 1929 and that death occurred, on the date stated above, at 7:10 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy  
(duration) 2 yrs. 6 mos. .... ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis  
(duration) ..... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) T. B. Mansfield M. D.

Nov 29 1929 (Address) 8900 Bristol Ave

\*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. Moscow Md Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Wm. H. Gray Nov 30 1929

20. UNDERTAKER ADDRESS  
Wm. H. Gray 4259 Keith

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be very important.

PERMANENT RECORD

IN THIS IS

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