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.

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

Do not use this space.

21440

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. — Registered No. 2575
City Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME Bert Ward
(a) Residence, No. 1124 Harrison 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 14-1887

7. AGE: YEARS 43 — MONTHS 9 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME William Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Sarah Cramlet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Record Clerk
(ADDRESS) K.C. General Hosp.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Maple Hill Cemetery DATE 6-11 1931

19. UNDERTAKER John J. Sheehan
(ADDRESS) 1436 Troost Kansas City Mo

20. FILED 6/10 1931 M. M. Crosnes Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1931, to 6-9, 1931
I last saw her alive on 6-9, 1931. Death is said to have occurred on the date stated above, at 6:05 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis with Uremia
131
1323
131

Date of onset

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Clin Find. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) P. B. Williams, M. D.
(Address) Supt K.C. General Hosp

Albert Ward

205200
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