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.

NOV 3 1931

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

Do not use this space.

35649

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township U.S.V. Hosp. — Primary Registration District No. 6248 B — Registered No. 376
City Jefferson Barracks (No. U.S. Vet. Hosp. St. Ward)

2. FULL NAME Ward Mo Chester H
(a) Residence, No. 4231 Sarpy 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Bessie Ward
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1891
7. AGE: 40 YEARS — MONTHS: 8 — DAYS: 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hydraulic Press Brick
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) Missouri

FATHER
13. NAME Uriah Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Mo

17. INFORMANT (ADDRESS) Bessie Ward 4231 Sarpy Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE 10 - 13 1931
19. UNDERTAKER (ADDRESS) Kaeg Shauser 4104 Manchester Rd.
20. FILED Oct. 12 1931 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 11 1931
22. I HEREBY CERTIFY, That I attended deceased from 10 - 11, 1931, to 10 - 11, 1931
I last saw him alive on 10 - 11, 1931. Death is said to have occurred on the date stated above, at 1:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute generalized peritonitis	
117A	
129	

117A

Other contributory causes of importance: Perforated gastric ulcer

Name of operation Laparatomy Date of 10-4-31
What test confirmed diagnosis? Operation 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) Harold Freed, M. D.
(Address) U.S. Vet. Hosp. Jefferson Barracks Mo