

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

Do not use this space.
37804
1 2072

1. PLACE OF DEATH
County Jackson Registration District No. _____
Township Jean Primary Registration District No. _____
City Kansas City, Mo. (No. 100) St. _____ Ward _____

2. FULL NAME Jogam James Ward _____
(a) Residence No. 2719 E 11th (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 negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 yrs 5 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
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) Faroda, Mo
13. NAME Levin Lygany
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
15. MAIDEN NAME Thelma Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) retired
17. INFORMANT Bernard Clark
(ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE Negland DATE Nov 24 19____
19. UNDERTAKER Julius W. Fisher
(ADDRESS) 1714 Van St
20. FILED 1/21 1931 M. M. Crow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1931
22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1931, to Nov 17, 1931.
I last saw him alive on Nov 17, 1931. Death is said to have occurred on the date stated above, at 4:59 p.m.
The principal cause of death and related causes of importance were as follows:
101A Semility
162
Other contributory causes of importance: Bronchopneumonia
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinic Was there an autopsy? _____
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? _____
If so, specify _____
(Signed) D. M. Miller M. D.
(Address) General Hospital # 2

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.

