

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

Do not use this space.

1. PLACE OF DEATH **Veterans' Administration Hospital, 399**

County **Jackson**

Registration District No. **399**

Township **Ross**

Primary Registration District No. **1002**

City **Kansas City, Mo.** (No.)

37869

File No.

Registered No. **4737**

St. **4737** (Ward)

2. FULL NAME **WARD, Leonard**

C-Pending

WOE

(a) Residence, No. **DeWitt, Missouri** St.

Ward. **Pvt. 3rd Co 2nd Bn. 164 DB**

(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 **Mrs. LaTishia Ward**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 7 1897**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	34	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**

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) **DeWitt, Missouri**
(STATE OR COUNTRY)

13. NAME **John A. Ward**

14. BIRTHPLACE (CITY OR TOWN) **England**
(STATE OR COUNTRY)

15. MAIDEN NAME **Cordelia May DeWitt**

16. BIRTHPLACE (CITY OR TOWN) **Missouri.**
(STATE OR COUNTRY)

17. INFORMANT **Mrs. LaTishia Ward (wife)**
(ADDRESS) **DeWitt, Missouri.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **DeWitt, Mo.** DATE **11-28 1931**

19. UNDERTAKER **W. E. Chambers**
(ADDRESS) **Kansas City, Mo.**

20. FILED **11/27 1931 M. M. Crowe**
Regist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 26 1931**

22. I HEREBY CERTIFY, That I attended deceased from **October 12 1931 to Nov. 26 1931**

I last saw him alive on **November 26 1931** Death is said to have occurred on the date stated above, at **12:35 P.M.**

The principal cause of death and related causes of importance were as follows:

Myeloma of dorsal spine with involvement of spinal cord. Date of onset **Unknown.**

Other contributory causes of importance: **Paraplegia 11-15-31**

Name of operation **None** Date of

What test confirmed diagnosis? **X-ray** 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

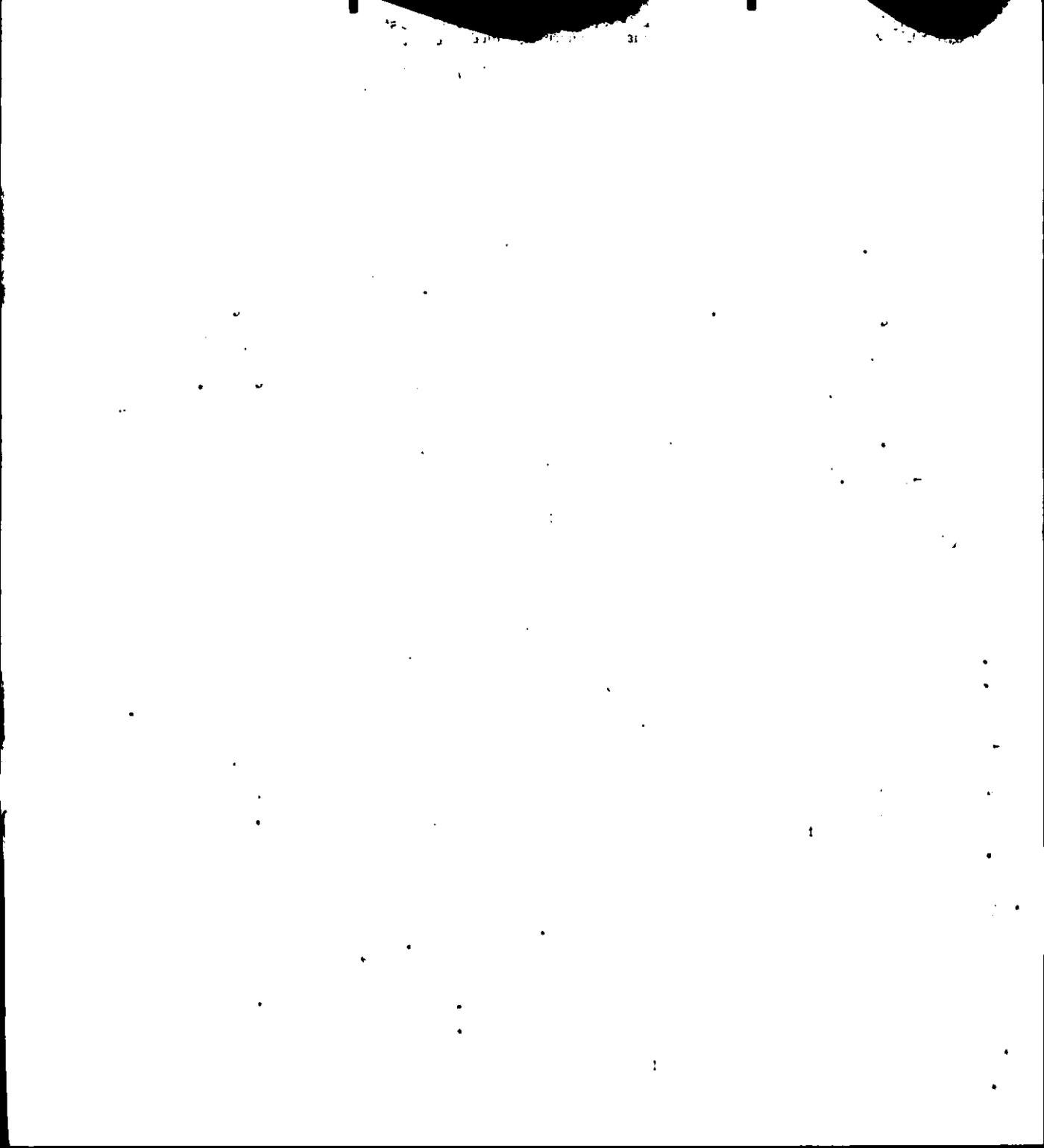
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **NO**

If so, specify

(Signed) **W. E. Chambers**, M. D.
W. E. CHAMBERS, Med. Officer in Charge.
Veterans' Administration Hospital.
Kansas City, Missouri.

System of information should be carefully checked to be stated EXACTLY. PHYSICIANS should state cause of DEATH in plain terms, so that it may be properly recorded. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 399
 Township K. City Primary Registration District No. 1002
 City K. City (No. St. Ward)

2. FULL NAME

Leonard Ward
 (a) Residence, No. 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/26, 1931

22. I HEREBY CERTIFY, That I attended deceased from, to, 19.....
 I last saw h..... alive on, 19..... Death is said to have occurred on the day stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:
Malignant dorsal spine with involvement of spinal cord.
(Primary seat unknown)
 Other contributory causes of importance:
Paraplegia 536

Date of onset

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

MOTHER

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 11/27 1931 M. M. Crowe Registrar

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify.....
 (Signed)....., M. D.
 (Address).....

N. B.—Every item of information should be carefully supplied. AGP... DEATH in plain terms, so that it may be... Exact statement of OCCUPATION is very important.

FEE... YEARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-37849