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

Do not use this space.

468

1. PLACE OF DEATH
22 County Christian — Registration District No. 186 — File No. 4
Township Chadwick — Primary Registration District No. 5261 a — Registered No. 186
City Oldfield (No. ..... St. ..... Ward)

2. FULL NAME Herby Ward
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25th 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	6	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill. 2

PARENTS
10. NAME OF FATHER Robert Ward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ken.
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) 31

14. INFORMANT Robert Ward (Address)

15. FILED Mar 6 1932 J S Stewart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 21st 1932

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to Jan 21st, 1932 that I last saw him alive on Jan 15th, 1932 and that death occurred, on the date stated above, at 4-15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Syphilis, Central Nervous System.
34 (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 34 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 0
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Wasserman —
(Signed) ..... M. D.
, 19 (Address) 7

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Smith Cemetary	1-22 1932

20. UNDERTAKER	ADDRESS
Otto Rachbun	Sparta, Mo.

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.

MAR 22 1932

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD