

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

Do not use this space.

4885

**1. PLACE OF DEATH**

County Jackson Registration District No. 334 File No. \_\_\_\_\_  
 Township Jean Primary Registration District No. 200 Registered No. 748  
 City Kansas City (No. 200) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ward Infant  
 (a) Residence, No. 1717 Benton St. 11 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-10-32</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	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) <u>K.C. Gen. Hosp.</u> (STATE OR COUNTRY) <u>Kansas City Mo.</u>		
FATHER	13. NAME <u>Paul Ward</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Nellie Wiser</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K.C. Mo.</u>	
17. INFORMANT <u>Paula Clark</u> (ADDRESS) <u>K.C. Gen. Hosp. 200</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graves</u> DATE <u>2/23</u> 19 <u>32</u>		
19. UNDERTAKER <u>Peter W. Lapina</u> (ADDRESS) <u>1717 Benton</u>		
20. FILED <u>2/23</u> 19 <u>32</u> <u>M. M. Brown</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1932 to 2-10 1932  
 I last saw her alive on 2-10 1932 Death is said to have occurred on the date stated above, at 10:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Prematurity  
159 / 157  
 Other contributory causes of importance:  
(P)  
 Name of operation none 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 P.E. Williams M. D.  
 (Signed) \_\_\_\_\_  
2-11-32 (Address) Sup't K.C. Gen. Hosp. K.C. Mo.

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.

