

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.

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

Do not use this space.

JAN 29 1932

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1. PLACE OF DEATH *Webster*
 County *West Dallas* Registration District No. *901*
 Township *West Dallas* Primary Registration District No. *0210*
 City _____ (No. _____) St. _____ Ward _____

File No. *43045*
 Registered No. *23*

2. FULL NAME *Benjamin 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 *15* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OF RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *unknown*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 28 1850*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 22
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) *McMans Tennessee 2*
 13. NAME *Daniel Ward*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jennette*
 15. MAIDEN NAME *Elizabeth McKnabb*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jennette Tennessee*
 17. INFORMANT (ADDRESS) *Chloie Ward*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Panther Valley* DATE *Dec 22 1932*
 19. UNDERTAKER (ADDRESS) *E. F. Farr Jordanland*
 20. FILED *Dec 22 1932* *Hellie Atkins* Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-20 1932*
 22. I HEREBY CERTIFY, That I attended deceased from *10-1-1933 to 12-20-1932*
 I last saw him *live on 12-17 1932* Death is said to have occurred on the date stated above, at *9 a.m.*
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of lungs Date of onset _____
 Other contributory causes of importance: *Bronchitis*
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 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 *J. O. H. Williams, M. D.*
 (Signed) *Jordanland, Mo.* (Address)

