

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

Do not use this space.

12176

1. PLACE OF DEATH

County..... Wayne Registration District No. 65
Township..... Ligon Primary Registration District No. 6192
City..... (No.) St. Ward)

2. FULL NAME

William Roney Ward, Damon Mo
(a) Residence, No. Damon, Mo 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/5/1944</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>5</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farmer</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) (STATE OR COUNTRY) North Carolina

13. NAME Andrew Ward

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

15. MAIDEN NAME Nancy White,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina,

17. INFORMANT (ADDRESS) Mrs. Fannie Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson DATE 3/25 1933

19. UNDERTAKER (ADDRESS) Gates Und. Co

20. FILED April 15 1933 Mrs. T. M. Polk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/19 1933, to 3/23 1933

I last saw him alive on 3/23 1933 Death is said to have occurred on the date stated above, at 9:00 m.

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

Apoplexy Cerebral
152
Age

Name of operation none 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 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) Geo. W. Roney, M. D.

(Address) Bedmont 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.

MAY 24 1933

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

