

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Ray Registration District No. 944
Township Highland Primary Registration District No. 3035
City Richmond (No. _____) St. _____ Ward _____

File No. 6166
Registered No. 19

2. FULL NAME

George Frank Ward
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Richmond Mo.

Length of residence in city or town where death occurred 50 yrs. 6 mos. 17 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 Frankie Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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) Richmond Missouri

13. NAME Lovell Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Rachel Gentry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Frankie Ward Richmond Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunny Slope Cem. DATE February 4, 1934

19. UNDERTAKER (ADDRESS) A. W. Mansur Richmond Missouri

20. FILED 3-9 1934 E. C. Fry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934 to Feb 1, 1934

I last saw him alive on Feb 1, 1934 Death is said

to have occurred on the date stated above, at 10:40 a.m.

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

Coronary Heart trouble Date of onset _____

Other contributory causes of importance 9/13

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 _____, 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) L. D. Brown M. D.

(Address) Richmond 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.

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RECORD OF DEATHS—MISSOURI—THIS IS A PERMANENT RECORD

