

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

Do not use this space.

1. PLACE OF DEATH
 4) County Henry Registration District No. 348
 Township Osage Primary Registration District No. 5486
 City (No. _____) St. _____ Ward _____

2. FULL NAME George C. Ward
 (a) Residence, No. 2413 University Ave St. C. Mo. (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.

File No. 20194
 Registered No. 341

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 Gladys Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-22-1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>33</u>	<u>6</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

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) Meadville (STATE OR COUNTRY) Missouri

13. NAME William M. Ward

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) _____

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT W. K. Harrison (ADDRESS) 2413 University Ave St. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL Buried Memorial Park, Union June 13, 1934

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) Kansas City, Missouri

20. FILED 6-11 19 34 C. D. Taylor, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1934

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____
 I last saw him alive on June 10, 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Drowning in Osage River, two miles north of the County line bridge in Osage Twp, Henry Co Missouri. 1885 Date of onset _____
 Other contributory causes of importance: A coroners inquest was held, verdict - Accidental Drowning.

Name of operation _____ 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 _____

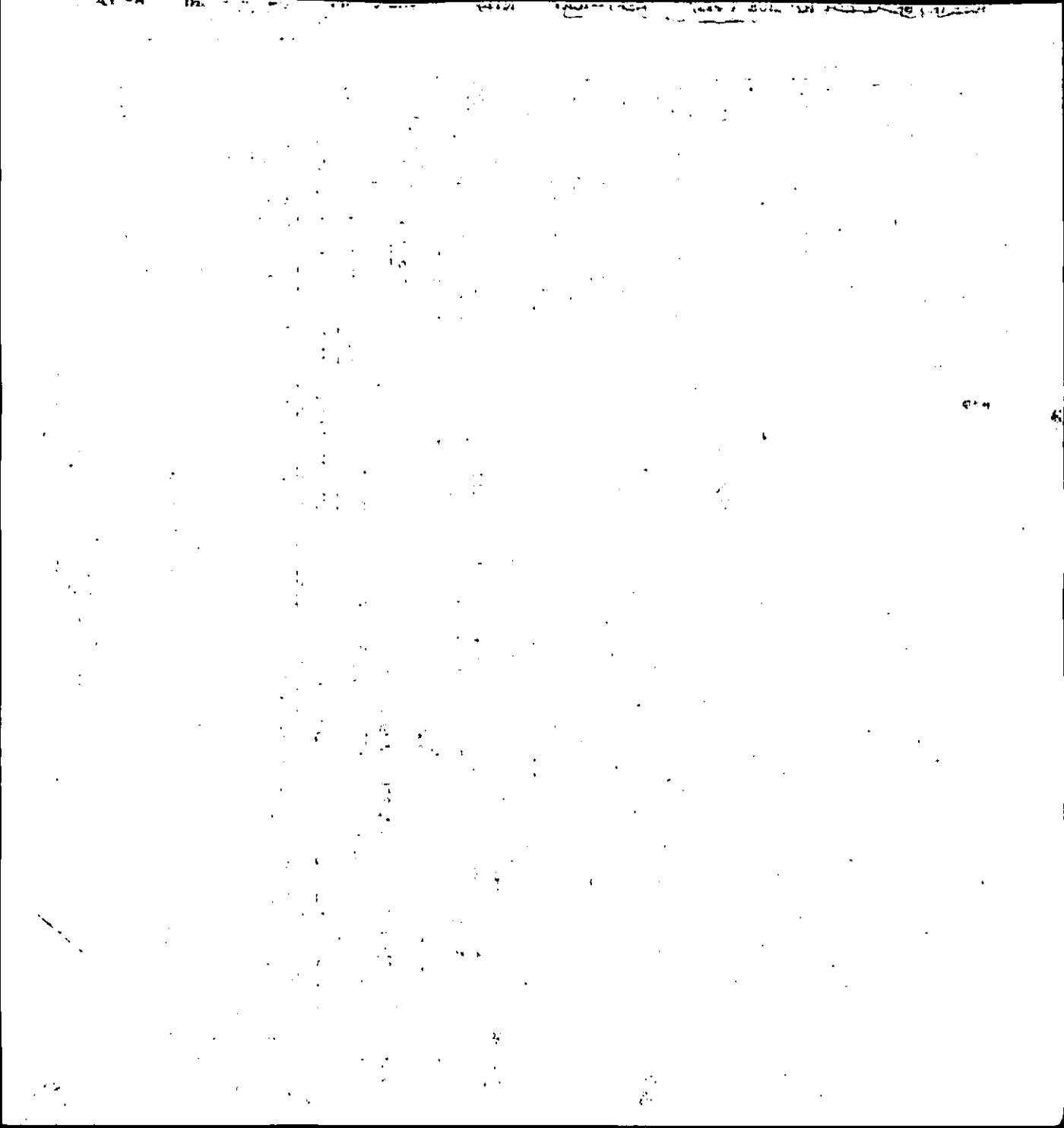
24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify W. T. Jennings M. D.
 (Address) Clinton, Missouri

JUN 21 1934

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry
Township Craze
City (No.)

Registration District, No. 348
Primary Registration District No. 5486

File No.
Registered No. 347
St. Ward

2. FULL NAME

George C 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 , to , 19

I last saw him alive on , 19 . Death is said to have occurred on the m.

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

accidental drowning in Craze River 1934
To the best of my knowledge no boat had ever been mentioned.

Name of operation Date of

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) C. D. Taylor, M.D. M. D.
(Address)

SUPPLEMENTARY

C. D. Taylor, M.D.
Registrar

REGISTRATION SHALL NOT BE RECEIVED FOR CERTIFICATES UNTIL THE PROVISIONS LISTED AS PRESCRIBED BY LAW.

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