

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

Do not use this space.

25397

1. PLACE OF DEATH

County Clungston
Township Deer Mount
City Lawn (No. _____)

Registration District No. 5-15-
Primary Registration District No. 5684

File No. _____
Registered No. 3-
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR WIFE OF) <u>Alce Ward</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13-1850</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>3</u>	DAYS <u>1</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... <u>farmer</u>	
10. Date deceased last worked at this occupation (month and year)	

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Inda IND.

MOTHER

13. NAME
Alce Ward

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

15. MAIDEN NAME
Alce Bently

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

17. INFORMANT (ADDRESS)
Alce Ward Lawn

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Alce Aug 19 34

19. UNDERTAKER (ADDRESS)
W. M. Ward

20. FILED July 16, 1934 Teresa A. Hayes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1934
22. I HEREBY CERTIFY That I attended deceased from July 15, 1934 to July 15, 1934
He died at 7:15 p.m. July 15, 1934 Death is said to have occurred on the date stated above, at 8 p.m.

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

Other contributory causes of importance:
None

Name of operation None Date of _____
What test confirmed diagnosis? None 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? no
If so, specify _____
(Signed) Alce M. Ward, M. D.

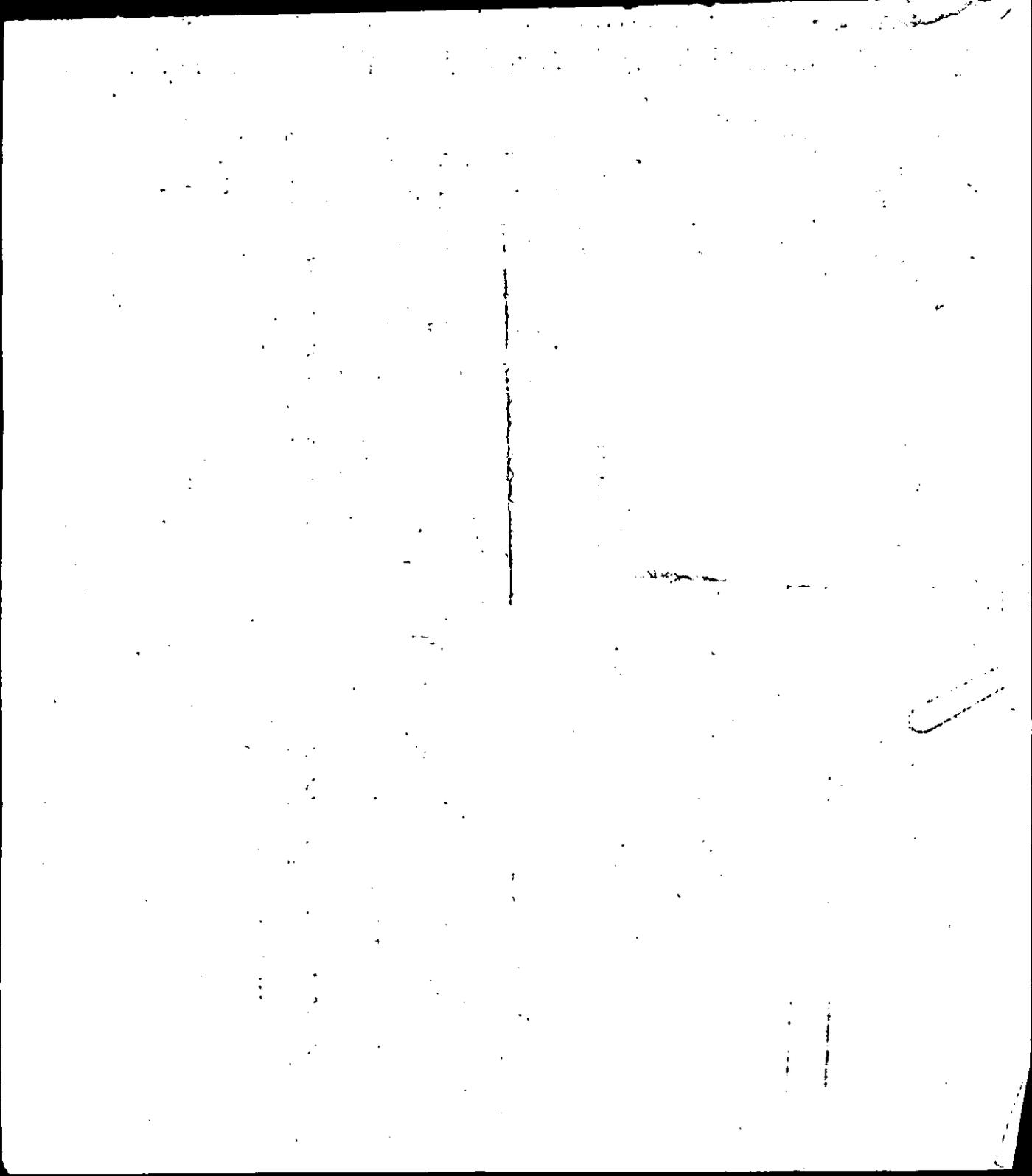
(Address) Inda, Mo.

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.

AUG 14 1934

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21
23



#2
Livingston

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

5 -

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Robert Ward
Who died at Dawn on July - 19 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W ~~Single, married, widowed or divorced:~~ _____

Date of birth _____ Age: Years 84 Months 3 Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Cardiac failure due to
a myocardial degeneration of density of heart

Other contributory causes of importance _____ ABC

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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, _____

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Teresa A. Hayes Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 575 -

Primary Reg. Dist. No. 5684

Very truly yours,
E. T. McGaugh, M.D.
K

Special Agent.

5-25397