

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.

SEP 20 1934

29193

**1. PLACE OF DEATH**

County Jackson Registration District No. 109  
 Township Ward Primary Registration District No. 1002  
 City Kansas City (No. 3206 Victor) St. Ward

File No. \_\_\_\_\_  
 Registered No. 3012

**2. FULL NAME** Minnie Lee Ward

(a) Residence, No. 3206 Victor 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1875

7. AGE YEARS 59 MONTHS 2 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Tenn.

13. NAME Robert B. Ward

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

15. MAIDEN NAME Laura Mardick

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

17. INFORMANT Lela Ward Gaston  
 (ADDRESS) New York City, N. Y.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 8/4 1934

19. UNDERTAKER R. V. Lindsey & Sons  
 (ADDRESS) 3811 Broadway

20. FILED Aug 3 1934 M. M. Crowe Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1933 1933, to Aug 2 1934  
 I last saw him alive on Aug 2 1934 Death is said to have occurred on the date stated above, at 3:35 PM.

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

Carcinomatosis (general) Date of onset \_\_\_\_\_  
Primary in pancreas  
U. B.  
53E  
 Other contributory causes of importance 44

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) James H. Jones M. D.  
 (Address) Kansas City, Mo.

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