

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.

APR 6 1935

8478

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1. PLACE OF DEATH

County Clay Registration District No. 201
Township Liberty Primary Registration District No. 5280
City Liberty (No. _____) St. _____ Ward _____

2. FULL NAME

George Halloway Ward _____
(a) Residence, No. 1008 Home (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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 10 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as splainer, 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) Wills Co. Ind.

MOTHER FATHER
13. NAME George Halloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wills Co. Ind.

15. MAIDEN NAME Anna Thornburg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wills Co. Ind.

17. INFORMANT Paul Rogers
(ADDRESS) 1008 Home, Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE 1008 Home DATE 3/28 1935

19. UNDERTAKER Chapel - Archer Co.
(ADDRESS) Liberty, Mo.

20. FILED 3/28 1935 ET Brant
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1931, to March 26, 1935

I last saw him alive on March 25, 1935 Death is said to have occurred on the date stated above, at 7 A. m.

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

Senile Dementia Date of onset _____
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Other contributory causes of importance:

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 J. N. Matthews M. D.
(Signed) _____
(Address) Liberty, Mo.

