

AUG 12 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan Registration District No. 1001  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Joseph, Mo. (No. 2423 Angeliqne) St. \_\_\_\_\_ Ward \_\_\_\_\_

22180

File No. \_\_\_\_\_  
Registered No. 733  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John E. Ward

(a) Residence, No. 2423 Angeliqne 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lula Ward</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1891</u>		
7. AGE <u>31</u>	YEARS <u>44</u>	MONTHS <u>2</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chef.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>County Infirmary</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Osage City,  
(STATE OR COUNTRY) Kans.

13. NAME Abe Ward

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Lula Ward  
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Auburn DATE 7/13/35 1935

19. UNDERTAKER FLEEMAN MORTUARY, INC.  
(ADDRESS) 1946 CH 204 N

20. FILED 7-12-35 1935 John R. Cudde  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from  
5-4, 1934, to 7-11, 1935

I last saw him alive on 7-11, 1935 Death is said

to have occurred on the date stated above, at 4:10 p.m.

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

Cerebral Neurosurgery Date of onset 7-9-35

Other contributory causes of importance:

Arterio Sclerosis General  
Heart disease Arterio Sclerosis  
Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Fundus 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 \_\_\_\_\_, 1935

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) W. C. Cudde, M. D.

(Address) 302 1st St, 3rd fl

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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