SEP 25 1935

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

Do not use this space.

26714 ✓

1. PLACE OF DEATH
County JACKSON — Registration District No. 404 — File No. 41
Township ~~KAW~~ Wash. — Primary Registration District No. 5555 — Registered No.
City KANSAS CITY (No. 8015 PROSPECT St. Ward)

2. FULL NAME CHARLES EBER WARD.
TEMP. (a) Residence, No. 8015 PROSPECT St., ✓ Ward. ELDORADO SPRINGS, MO
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds. ✓

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~~ ELECTA A. WARD.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 3, 1866

7. AGE: 69 YEARS — MONTHS: 3 — DAYS: 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CONTRACTOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BLDG TRADE.
10. Date deceased last worked at this occupation (month and year) JUNE 1, 1931
11. Total time (years) spent in this occupation 40 YRS.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROCK ISLAND ILL.

FATHER
13. NAME THEODORE WARD.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ROCK ISLAND ILL.

MOTHER
15. MAIDEN NAME ~~UNKNOWN~~ TERTIA AMBROSE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " PENNSYLVANIA

17. INFORMANT (ADDRESS) MRS ELECTA A WARD 8015 PROSPECT AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE AUGUST 27, 1935

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY MISSOURI

20. FILED 8-26, 1935 Fred R. Lindsey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1935, to Aug 25, 1935
I last saw him alive on AUG 25, 1935 Death is said to have occurred on the date stated above, at 9.30 a.m.
The principal cause of death and related causes of importance were as follows:
CEREBRAL HEMORRHAGE. — Date of onset
8231
Other contributory causes of importance:
ARTERIO-SCLEROSIS.

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
(Signed) [signature] M. D.
(Address) 4911-E-27th St City

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.