Dr. Hugh Gestring
Office Wirthman Bldg
Office Hours
Tel. Val 6400
Roslock Thurs Sure

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

Do not use this space.

36024

Registration District No.
Primary Registration District No.
File No.
Registered No. 1047

Township
City Kansas City (No. 2017 Linwood Blvd. St. Ward)

2. FULL NAME Edward Clarence Ward

(a) Residence, No. 2017 Linwood Blvd 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: 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 Mrs. Josephine Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19th 1872

7. AGE: YEARS 63 MONTHS 0 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Robert Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Phoebe Valentine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Josephine Ward 2017 Linwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE Nov 7, 1935

19. UNDERTAKER (ADDRESS) Quirk + Tobin Co 20 W Linwood

20. FILED Nov 7, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1930, to Nov 5, 1935
I last saw him alive on Nov 5, 1935 Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar — Date of onset

Other contributory causes of importance:

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? no
If so, specify
(Signed) Hugh A. Gestring M. D.
(Address) 303 Wirthman Bldg

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. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is v

1M-3-28-35