

N. B.—Every item of information should be carefully supplied. AGE SHOWN 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.

845

1. PLACE OF DEATH Klin Registration District No. 295
County Missouri Primary Registration District No. 3412
Township Stanton (No. 5) St. Stanton Ward 1
City Stanton (No. 5)
2. FULL NAME John Ward
(a) Residence (No. 5) St. Stanton Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ward
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1866
7. AGE YEARS 75 MONTHS 10 DAYS 28 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) 1920 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
13. NAME Dow Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known
15. MAIDEN NAME Maynard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
17. INFORMANT (ADDRESS) John Ward, Jr.
18. BURIAL, CREMATION, OR REMOVAL Stanton, Mo. PLACE Stanton, Mo. DATE Jan 24 1936
19. UNDERTAKER (ADDRESS) Williams
20. FILED 28 1936 Cherokee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1936
22. I HEREBY CERTIFY That I attended deceased from Jan. 16, 1936, to Jan. 23, 1936.
I last saw him alive on Jan. 16, 1936. Death is said to have occurred on the date stated above, at 12 A.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Nephritis (chronic)
Senility
Other contributory causes of importance:
Name of operation None Date of Jan 23 1936
What test confirmed diagnosis? Chronic Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Jan 23 1936
Where did injury occur? Stanton, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) R. G. Kitchell M. D.
(Address) Sullivan, Mo.

