

JUL 21 1936

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

Do not use this space.

14929-1

1. PLACE OF DEATH

County Harrison
Township Butler
City (No.)

Registration District No. 10 12
Primary Registration District No. 24 80

File No.
Registered No. 3
St. Ward)

2. FULL NAME

James Alfred Ward
(a) Residence, No. 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Ward</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 15 1865</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>11</u>	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1936, to Apr 8, 1936
I last saw h. alive on Apr 6, 1936 Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Myocardial
Arteriosclerotic
infarction

Date of onset

Other contributory causes of importance:

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison Mo</u>
	13. NAME <u>Joseph Ward</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Mo</u>
	15. MAIDEN NAME <u>Ann Mc Murney</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leam</u>
17. INFORMANT <u>Arthur Ward</u> (ADDRESS) <u>Mc Fall Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White Oak</u> DATE <u>Apr 9 1936</u>	
19. UNDERTAKER <u>W. G. Nobles</u> (ADDRESS) <u>New Hampton Mo</u>	
20. FILED <u>June 26 36 Mrs. W. G. Reed</u> Registrar.	

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
(Signed) A. P. Dennis, M. D.
(Address) Bethany Mo.

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.

