

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

Do not use this space.

AUG 18 1936

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28982
23933

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis**

Registration District No.....
Primary Registration District No. **2003**
(No. **City Hospital No. 2003**)

File No.....
Registered No. **7752**
St. Ward

2. FULL NAME

Zeb Ward
(a) Residence, No. **201 S. 22nd St.** St. **25** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **16** 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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Annie Ward**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 16, 1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
38 11 1

OCCUPATION 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. **Common**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

FATHER 13. NAME **Henry Ward**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark.**

MOTHER 15. MAIDEN NAME **Letitia Williams**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark.**

17. INFORMANT **Ruby Perdeau**
(ADDRESS) **2945 Lawton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **E. ST. LOUIS, 14** DATE **7/22/36**

19. UNDERTAKER **R. M. C. GREEN**
(ADDRESS) **2517 WACHSBERG AVE**

20. FILED **JUL 21 1936** **J. P. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 17, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **7-7-** 19**36** to **7-15-** 19**36**

I last saw him alive on **7-15-** 19**36** Death is said

to have occurred on the date stated above, at **11:45 A. M.**

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

Pulmonary Tuberculosis **7-7-36**
Date of onset
Other contributory causes of importance: **J. J.**

Name of operation..... Date of.....
What test confirmed diagnosis **Clinical** 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) **J. Owen Blalock**, M. D.
(Address) **2945 Lawton**

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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