

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

Do not use this space.

32280

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Central

Registration District No. 789  
Primary Registration District No. 6033  
(No. 6993 Robbins Ave.)

File No. \_\_\_\_\_  
Registered No. 271 St. \_\_\_\_\_ Ward)

**2. FULL NAME John Ward**

(a) Residence, No. 6993 Robbins Ave., St. \_\_\_\_\_ Ward.

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

17 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME John M. Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Sadie Lindy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT John M. Ward  
(ADDRESS) 6993 Robbins Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE 8/29/36

19. UNDERTAKER (ADDRESS) Gullen & Kelly 1416 N. Taylor

20. FILED 8-28 1936 W.A. Boehmer  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-26-1936, to 8-26-1936.  
I last saw him alive on 8-26-1936. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Obstruction of Bowel  
Abdominal Adhesions, from ruptured appendix several years ago.

Other contributory causes of importance: \_\_\_\_\_

Date of onset 8-24-36

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? No  
If so, specify \_\_\_\_\_  
(Signed) J. P. Myers, M. D.  
(Address) 602 N. Grand St.

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.

