

DEC 20 1936

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

Do not use this space.

37958

1. PLACE OF DEATH

County Jackson Registration District No. 379 File No. _____
Township Kanawha Primary Registration District No. 1007 Registered No. 2553
City Kansas City 921 Charlotte St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 921 Charlotte Ward. 3
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1871

7. AGE YEARS 65 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCallahan
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 15 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Veritz, Pa.

FATHER 13. NAME George Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

MOTHER 15. MAIDEN NAME Mina

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

17. INFORMANT (ADDRESS) Richard Ward 925 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 11-12 19. 36

19. UNDERTAKER (ADDRESS) Adeline Brase 2000 E. 12th

20. FILED Nov 11, 1936 M. M. Crown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 - 36

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1936, to Oct 5, 1936

I last saw him alive on Oct 5, 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:

Mitral Regurgitation
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Cleveland 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) The Curator, M. D.
(Address) 1612 E. 12

10 new

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100M-1-25-36 I X7044

