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.

DEC 18 1936

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

Do not use this space.

41101

1. PLACE OF DEATH

County Howell — Registration District No. 387 — File No.

Township [illegible] — Primary Registration District No. 5540 — Registered No.

City Pomona, Rural (No. , St. Ward)

2. FULL NAME William A. Ward

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Mildred J. Bryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11. 1874

7. AGE: YEARS 62 — MONTHS 6 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Indiana

FATHER

13. NAME: John Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Mandy Miles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs William A. Ward, Pomona. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mackey Cemetary DATE 12/4/ 1936

19. UNDERTAKER (ADDRESS): Burns & Son. Willow Springs. Mo.

20. FILED Dec 7, 1936 Dora Cage Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Nov, 1936

I last saw him alive on Nov 2, 1936. Death is said to have occurred on the date stated above, at 11.40 p.m.

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

Myocarditis

Other contributory causes of importance:

Arthritis

Date of onset

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) F. N. Bowles, M. D.

(Address) Willow Springs Mo