JAN 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Clay
Township: Fishing-River
City: Excelsior Springs, Mo (No. ..., St. 3d Ward)

Registration District No. 198
Primary Registration District No. 3011

File No. 44146
Registered No.

2. FULL NAME: WARD, Linwood
(a) Residence, No. Veterans Administration Facility St., Excelsior Springs, Mo. Ward.
(Usual place of abode)
Lexington, Missouri
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 0 yrs. 1 mos. 12 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~~: Eleanor Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	44	10	9	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington, Mo.

FATHER
13. NAME: George Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Lizzie Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Myrick, Missouri DATE: 12-31-36, 19

19. UNDERTAKER (ADDRESS): John C. Prather
Excelsior Springs, Mo.

20. FILED 12-28-, 1936 Mrs Rua McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 28, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1936, 19, to Dec. 28, 1936, 19
I last saw him alive on Dec. 28, 1936, 19. Death is said to have occurred on the date stated above, at 4:45 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active, advanced, severe	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) H. C. HARDEGREE, MD, Clinical Director
(Address) Veterans Administration Facility
Excelsior Springs, Missouri