

NOV 23 1937

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

Do not use this space.

38571

## 1. PLACE OF DEATH

County Randolph  
Township  
City Jacksonville (No. ....)

Registration District No. 734  
Primary Registration District No. 4439

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME Thomas J. Ward

(a) Residence, No. Jacksonville St. .... Ward.  
(Usual place of abode)

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 - 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Louisa Ward

22. I HEREBY CERTIFY, That I attended deceased from May 26 1934, 19... to Oct 4 1937

I last saw him alive on Oct. 4 1937 19... Death is said to have occurred on the date stated above, at 7 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 13 1852

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 9 22

Date of onset

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

Lobar PneumoniaOct. 2 1937

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) Sept. Agc 11. Total time (years) spent in this occupation

Other contributory causes of importance:

Apoplexy12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scioto Co. Ohio13. NAME John A. Ward

Name of operation ..... Date of .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scioto Co. Ohio

What test confirmed diagnosis? ..... Was there an autopsy? .....

15. MAIDEN NAME Eleanor Munn

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.

17. INFORMANT Jo'n Ward #Son #  
(ADDRESS) Hannibal Mo.

Manner of injury .....

Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Owntey Cemetery DATE Oct. 6 1937

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

19. UNDERTAKER Snor Funeral Home  
(ADDRESS) Hobersly Mo.(Signed) Benj. S. Jolly M. D.(Address) 2014. R. Rd. St. Marys Mo20. FILED Oct 5 1937 J. M. Carter Registrar.

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

