

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

Do not use this space.

3944
752

File No. _____
 Registered No. _____

1. PLACE OF DEATH
 94 County St. Francis Registration District No. 772
 6 Townshp. St. Francis Primary Registration District No. 4463
 0 City Elvington (No. _____) St. _____ Ward _____

2. FULL NAME John Franklin Ward 630
 (a) Residence, No. Elvington St. Mo Ward _____
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>58</u>	<u>11</u>	<u>20</u>	

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

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) Greenville Mo.

FATHER 13. NAME Paulsey Ward

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

MOTHER 15. MAIDEN NAME Sally Dorsey

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Martha Ward
Elvington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Puttison Mo DATE Jan 14 38

19. UNDERTAKER (ADDRESS) Sparks Ind. Co.
Elvington Mo

20. FILED 2-2 1938 O B Starr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1938 to 1-12 1938

I last saw him alive on 1-12 1938 Death is said to have occurred on the date stated above, at 11:58 m.

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

Ch. Enterocolitis Date of onset _____
Myocarditis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam 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? no

If so, specify _____

(Signed) O B Starr, M. D.

1938 (Address) Puttison Mo

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.

RECEIVED

FEB 28 1938

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