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.

REC'D APR 22 1938

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

Do not use this space.

11731

1. PLACE OF DEATH
County Pettis — Registration District No. 668
Township — Primary Registration District No. 3032
City Sedalia (No. St. Ward)

File No. 80
Registered No. 668

2. FULL NAME Thomas Lyda Ward 630 Sedalia Mo

(a) Residence, No. 1009 (Usual place of abode) Monroe St., ... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND ~~OF~~ (OR) ~~WIFE OF~~: Hattie Ann Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16 1864

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or min.
73	11	15	

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): March 1937

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis Co. W. Virginia

FATHER

13. NAME: J J Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barbour Co Virginia

MOTHER

15. MAIDEN NAME: Sarah Bowden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barbour Co Virginia

17. INFORMANT (ADDRESS): Hattie Ann Ward Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Houstonia DATE March 5 1938

19. UNDERTAKER
(ADDRESS) McCutchen Houstonia Mo

20. FILED 3-4-1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 3. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938 to Mar 3, 1938
I last saw h[im] alive on March 3, 1938 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar 3 1938
AK [illegible]	

Other contributory causes of importance:

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? No
If so, specify
(Signed) A. L. Walton, M. D.
(Address) Sedalia Mo

