REC'D JUL 13 1939

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

21880
Do not use this space.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

24 80

1. PLACE OF DEATH
(a) County Clay — Registration District No. 203
(b) Township ~~Platte~~ — Primary Registration District No. 4122 — Registered No. 17
(c) City Smithville — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 630 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Christphor Ward
(a) Residence, No. Smithville, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna Wilkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1866

7. AGE: Years 72 — Months 9 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. (Retired)
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effinghan, Illinois

FATHER
13. NAME T G Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Cogle Blundell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Helen Howell
(ADDRESS) Smithville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE IOOF Cem. Smithville DATE 6/6/ 1939

19. FUNERAL DIRECTOR McComas Mortuary
(ADDRESS) Smithville, Missouri

20. FILED 6/5/ 1939 E. C. Hill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1939 to June 4, 1939
I last saw he alive on June 4, 1939. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Exam Was there an autopsy? c

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) [illegible], M. D.
1848 (Address) Smithville, Mo

(Licensed Embalmer's Statement on Reverse Side)

I X12004

RECEIVED
District Health Officer No. 8,
District File Number 7/11/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Owen J. Boggess, Jr., Licensed Embalmer No. 3940

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Owen J. Boggess Jr.

Licensed Embalmer No. 3940

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)