FILED FEB 5 1940

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

Do not use this space.

1875

1. PLACE OF DEATH
County CALLAWAY
Township ~~St. Albert~~
City MOKANE (No. ..... , ... St. ..... Ward)

Registration District No. 4064
Primary Registration District No. 105

File No. .....
Registered No. 38

2. FULL NAME DONALD EUGENE WARD 630

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

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 OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG. 1st 1939

7. AGE: YEARS | MONTHS: 5 | DAYS: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): MOKANE, MISSOURI

FATHER
13. NAME: WILLIAM T. WARD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CALLAWAY CO. MISSOURI

MOTHER
15. MAIDEN NAME: Violet HICKERSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CALLAWAY CO. MISSOURI.

17. INFORMANT (ADDRESS): WM T. WARD MOKANE, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOKANE STALLARD DATE JAN. 11, 1940

19. UNDERTAKER (ADDRESS): Glen Y. Maupin 700 Court Fulton, Mo.

20. FILED Jan 10, 1940 W H Williamson 10/ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1 - 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1940, to 1-10, 1940
I last saw him alive on 1-8, 1940 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Myelitis of the brain. 81

Date of onset

Other contributory causes of importance: Mali-nutrition

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? .....
If so, specify .....
(Signed) W. H. Williamson, M. D.
(Address) Mokane, 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.

WHITE PLAINLY, WITH UNFADING INKS IS A PERMANENT RECORD