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.

FILED MAY 20 1943

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

Do not use this space. 27612

1. PLACE OF DEATH Chariton
County ..... Registration District No. 65 21 File No. .....
Township Mendon Primary Registration District No. 4114 Registered No. .....
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME George F Ward
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Ward
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1870
7. AGE YEARS 73 MONTHS 3 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

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. Farming
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) Mt Auburn Ill.

FATHER
13. NAME Christopher Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bainbridge Ohio

MOTHER
15. MAIDEN NAME Mary Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Irland

17. INFORMANT (ADDRESS) Mrs Stella Ward Mendon Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Newcomer DATE 4/10/43 19
19. UNDERTAKER (ADDRESS) S. L. Leipard Mendon Mo
20. FILED 4/10/43 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1943
22. I HEREBY CERTIFY, That I attended deceased from April 7, 1943, to April 7, 1943
I last saw him alive on April 7, 1943. Death is said to have occurred on the date stated above, at 4 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Myocardixis	9 mo.
Sudden Cardiac Arrest	(Terminal)

Other contributory causes of importance: [illegible]

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. P. Fowler, M. D.
(Address) Mendon Mo.

5-15-43

JUL 28 1943

S. L. Leupold
3970
Mendon Mo