

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
 Township Wagon
 City Carthage (No. _____)

Registration District No. 408
 Primary Registration District No. 3020

File No. 16447-a
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Harvey Donahue Ward
 (a) Residence No. 615 E. Fifth St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary M. Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29, 1843

7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
86 11 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Veteran
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Elijah Ward

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Mary Ward
 (Address) Carthage, Missouri

May 16 1930 H. H. Hetcham
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1930, to May 14, 1930 that I last saw h. h.w. alive on May 14, 1930, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General arterio-sclerosis
94A
97 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT A PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS None
 (Signed) J. H. De Force, M. D.

May 16, 1930 (Address) Carthage Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Park Cemetery DATE OF BURIAL May 19 1930

20. UNDERTAKER Kneel Mortuary ADDRESS Carthage, Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

