

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

Do not use this space.

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28772

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph (No. State Hosp #2)

Registration District No. 1001
Primary Registration District No. State Hosp #2

File No. 871
Registered No. 871 Ward

2. FULL NAME

(a) Residence, No. State Hosp #2 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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marge Bryant Ward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1851

7. AGE YEARS 81 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.

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

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

13. NAME George Ward

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) State Hosp #2, Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton Mo DATE 9-5-33

19. UNDERTAKER (ADDRESS) Bru Hicks

20. FILED 8-4-1933 Hamilton Mo Registrar John R. Bonney

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Sept 1, 1933
I last saw him alive on Sept 1, 1933 Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cholecystitis Date of onset 17-18
Chronic Myocarditis
930 930

Other contributory causes of importance:

Chronic Myocarditis

Name of operation Gall. Bladder open to drainage Date of 8/29/33

What test confirmed diagnosis? Was there an autopsy? Yes

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? Yes

If so, specify St Miles (Signed) St Miles M. D.

(Address) State Hospital No 2

WRITE PLAIN 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.

OCT 20 1933

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