

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.

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

Do not use this space.

JAN 14 1935

1. PLACE OF DEATH

County BethanyRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. 1001)File No. 42036Registered No. 1371St. St. Joseph

Ward)

2. FULL NAME

(a) Residence, No. 1234

(Usual place of abode)

St. St. Joseph

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs.mos. 10 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Ward</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-19-1856</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>10</u>
		DAYS
		<u>25</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Education work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>12-3-1934</u>	
	11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. unknown</u>		
MOTHER	13. NAME <u>Bernard Ward</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. unknown</u>	
	15. MAIDEN NAME <u>Jessie Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT <u>Gly B. Baker</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>King City Mo</u> DATE <u>12-16</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>King City Mo</u>		
20. FILED <u>12-15</u> 19 <u>34</u> <u>John C. Bender</u> Registrar		

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-4 1934 to 12-14 1934

I last saw him alive on 12-13 1934. Death is said to have occurred on the date stated above, at 5:10 A.M.

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

Staphylococci septicemia

Carcinoma of the breast

Other contributory causes of importance:

None

Name of operation..... None Date of.....

What test confirmed diagnosis? 2. Blood cult. 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.....

(Signed) W. B. H. H. H., M. D.

(Address) St. Joseph Mo

