

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

28265
 Do not use this space.

(254) SEP 6 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No.
 (b) Township Kear Primary Registration District No.
 or 76 Mo
 (c) City St. Joseph Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 630 Mr. E. M. Ward Edward Mathews Ward St. Holden, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bridge Builder
 9. Industry or business in which work was done, as saw mill, bank, etc. C. S. Railroad
 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) Missouri

FATHER 13. NAME Thomas Ward
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
America Mathews

MOTHER 15. MAIDEN NAME America Mathews
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. E. T. Webb
Centerview, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cem. DATE Aug. 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. W. Goodman
Holden, Mo.

20. FILED 9/17/39 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17-39
 22. I HEREBY CERTIFY, That I attended deceased from 7/23/39, 19... to Aug 17-39, 19...
 I last saw him alive on Aug 17-39, 19... Death is said to have occurred on the date stated above, at 1:40 p. m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia of common bile duct.
46
 Other contributory causes of importance:
Partial atelectasis
Hypostatic pneumonia
 Name of operation Cholecystogastrostomy Date of 8/7/39
 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? No
 If so, specify (Signed) Wm. J. Williams, M. D.
 (Address) 736 Argyle Bldg.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Samuel B. Hoop

Licensed Embalmer No. 4044

P. O. Address Holden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.