

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

Do not use this space.

1. PLACE OF DEATH

County Bole

Registration District No. 215

Township Jefferson

Primary Registration District No. 3014

City Jefferson (No.)

File No. 26819

Registered No. 202

St. Ward

2. FULL NAME

Arnie Motley Ward

(a) Residence. No. moreau Drived 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of

Nick Ward

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

Dec. 6 - 1843

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

84

8

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bole Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Geo. Landsdown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Warren Ward

J. B. Prop

15. FILED

1928

801 Bedford

Mo.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug. 21 1928

I HEREBY CERTIFY That I attended deceased from Aug 17, 1928, to Aug 19, 1928 that I last saw her alive on Aug 19, 1928 and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

lobar Pneumonia - Terminal

CONTRIBUTORY (SECONDARY)

Cerebral Haemorrhage (duration) yrs. mos. 5 ds.
Paralysis (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

no

DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo. A. H. Bell M. D.

Aug 22 1928 (Address) Jefferson City 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

DATE OF BURIAL

Riverview Cem.

8-23-1928

20. UNDERTAKER

ADDRESS

G. O. Weirichs

J. B. Mo.

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.

1928

