

1. PLACE OF DEATH

County Midland
 Township Ingersol
 Village _____
 City _____

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

CERTIFICATE OF DEATH

State Office No.

56 1916

Register No. 4

(No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Louis E. Ward

(a) Residence No. Ingersol Twp. St., Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 _____

6. DATE OF BIRTH (Month, day and year) Dec. 10, 1865

7. AGE Years Months Days IF LESS than 1 day—hrs. OR—min.
72 7 12

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) Chesaning, Mich.13. NAME Warren Ward14. BIRTHPLACE (city or town) (State or country) Mass.15. MAIDEN NAME Sarah Chapman16. BIRTHPLACE (city or town) (State or country) Mass.17. INFORMANT Mrs. Hattie Ward
(Address) Midland, Michigan.18. BURIAL, CREMATION, OR REMOVAL
Place Chesaning, Mich. Date May 25, 193819. UNDERTAKER Scott Wilson
(Address) Midland, Michigan20. FILED June 3, 1938 Crime Registrar
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1938
May 22, 1938.

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h _____ alive on _____, 19____; death is said

to have occurred on the date stated above, at _____ m.

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

Acute dilatation of the heart

Duration

Other contributory causes of importance:

If operation, date of _____

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? No Autopsy? No

In case of violence state if accident, homicide or suicide _____

Where did injury occur? _____ (Specify city, county or state)

In industry, home or public place? _____

Was disease or injury related to occupation of deceased? NoSigned Leander F. J. Jones
Address Midland Michigan