

PLACE OF DEATH

County of ShiawasseeSTATE OF MICHIGAN
Department of State—Division of Vital Statistics

461

Township of

or

Village of

or

City of Owosso(No. King + Ward)St. 5th Ward

CERTIFICATE OF DEATH

APR 5 1904

Registered No. 94

[If death occurred in a hospital or institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Warren S. Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR WhiteDATE OF BIRTH (Month) Nov (Day) 18 (Year) 1824AGE 79 years, 4 months, daysSINGLE, MARRIED, WIDOWED, OR DIVORCED WidowedAGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 23 years
Parent of 7 children, of whom 5 are livingBIRTHPLACE (State or country) Mass.NAME OF FATHER Daniel WardBIRTHPLACE OF FATHER (State or country) Mass.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Mass.OCCUPATION Farming

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ford G. Ward(Address) Owosso

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) March (Day) 18 (Year) 1904I HEREBY CERTIFY, That I attended deceased from Feb 17, 1904, to Mar 8, 1904, that I last saw him alive on Mar 17, 1904, and that death occurred, on the date stated above, at..... M.

The CAUSE OF DEATH was as follows:

Chronic Bronchitis
complicated by
fractured hip 764Contributory fractured hip 764old age (DURATION)..... DAYS(Signed) G. J. Curren M. D.190..... (Address) Owosso

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:

Former or usual residence..... How long at place of death?..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL OwossoDATE OF BURIAL Mar 21, 1904UNDERTAKER W. B. WalkerADDRESS CherawingFiled Mar 19, 1904J. J. Edwards
Registrar