

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 30268

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

County MitchellVot. Prec. Sunbury

Inc. Town \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 1096Primary Registration District No. 6839(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Leardel D. Ward(a) Residence. No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ WIFE of \_\_\_\_\_

8. DATE OF BIRTH Nov 17 1905  
7. AGE Years 27 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.OCCUPATION  
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, sawmill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE Pa.MOTHER/FATHER  
13. NAME L. D. Ward14. BIRTHPLACE V. C.15. MAIDEN NAME Mary J. Jones16. BIRTHPLACE Pa.17. INFORMANT Robert Ward  
(Address) Central City, Ky.18. BURIAL, CREMATION, OR REMOVAL  
Place Willsboro Date 11/21/33 193319. UNDERTAKER J. J. Edge  
(Address) Bremen, Ky.20. FILED 1-18, 1933 Herbert Croft  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 11, 193322. I HEREBY CERTIFY, That I attended deceased from 1072 St., 1933 to 11/11/33, 1933  
I last saw deceased on 11/11/33, 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Solar pneumonia Date of onset 11/1/33

Contributory causes of importance not related to principal cause:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_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 J. J. Edge, M. D.)

(Address) \_\_\_\_\_

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.