

PLACE OF DEATH

COUNTY RichmondGEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATHFILE NO.
PER STATE REGISTRAR

8913

DATE

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MILITIA DISTRICT _____

TOWN _____

CITY OR AugustaUniversity Hospital

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

FULL NAME John Montgomery WardBabylon Long Island N.Y.

RESIDENCE, CITY _____

Length of residence in city or town where death occurred yrs. mos. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE) How long in U. S. or foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR HAIR white SINGLE, MARRIED, WIDOWED, DIVORCED (with the year) marriedIF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Katherine WardDATE OF BIRTH (MO. BY. YR.) March 3rd - 1860AGE 65 yrs. 1 mo. IF LESS THAN 2 YEARS IF LESS THAN 1 DAYOCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK Attorney (b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)BIRTHPLACE (STATE OR COUNTRY) PennsylvaniaNAME OF FATHER James WardBIRTHPLACE OF FATHER (STATE OR COUNTRY) PennsylvaniaMARRIAGE NAME OF MOTHER Ruth HallBIRTHPLACE OF MOTHER (STATE OR COUNTRY) Pennsylvania

IS THE ABOVE IN TRUTH TO THE BEST OF MY KNOWLEDGE?

INFORMANT Mrs. Katherine WardADDRESS Babylon Long Island N.Y.

MAY 12 1925

Wm. J. Green

MEDICAL PARTICULARS

DATE OF DEATH March 4thI HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Feb. 25, 1925, TO March 4th, 1925THAT I LAST SAW HIM ALIVE ON March 4th AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT 4:35 P.M. THE CAUSE OF DEATH WAS AS FOLLOWS:Acute Lobar Pneumonia(DURATION) _____ YRS. _____ MOS. 5 DYS.CONTAGIOUS (BOUNDARY) Pneumoniae septem(DURATION) _____ YRS. _____ MOS. 4 DYS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? Blood CulturesDISEASE W. J. GreenDATE March 4, 1925 (ADDRESS) AugustaPLACE OF BURIAL, CREMATION, OR DISPOSAL Babylon Long Island N.Y.DATE 3/5/25

R.E. Elliott & Sons - Augusta, Ga.,

UNDERTAKE

ADDRESS

NON-RESIDENT
MUST BE REGISTERED
AND INSURED

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