WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

6495

399

1002

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Jackson — Registration District No. .....

Township Lee — Primary Registration District No. .....

City K.C. Mo. (No. 429 Tullis St., Ward)

2. FULL NAME Victor Wm Stafford

(a) Residence. No. 429 Tullis St., 10 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: M

4. COLOR OR RACE: Wm

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 26-1928

7. AGE: Years: 9 mo; Months: ; Days: 11; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): K.C.
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: John W. Stafford

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Gertrude White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Missouri
(STATE OR COUNTRY)

14. INFORMANT: John W. Stafford
(Address): 429 Tullis

15. FILED 2-8, 1929 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 Feb 7, 29

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb-3, 1929 to Feb-7, 1929 that I last saw h. alive on Feb 7, 19..., and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10 hrs

Broncho-pneumonia

Bronchitis - Cold (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? N. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [illegible], M. D.

2-8, 1929 (Address) 600 Mass St

*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: Elmwood. — DATE OF BURIAL: Feb 9 1929

20. UNDERTAKER: Rose & Henderson — ADDRESS: 103 Jackson