

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERSISTENT 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.

MAY 2 1 1931

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

Do not use this space.

13281

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, (No. Sunnyslope Hospital.

File No. _____
Registered No. 448
St. _____ Ward

2. FULL NAME

Kenneth Russell Acord

(a) Residence, No. Savannah, Mo. R. #5. St. _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 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		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 17, 1926				
7. AGE	YEARS 4	MONTHS 6	DAYS 6	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.			
	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) Union Star, Mo.				
FATHER	13. NAME Ralph Acord			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star, Mo.			
MOTHER	15. MAIDEN NAME Clara Barnes			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah, Mo.			
17. INFORMANT (ADDRESS) Ralph Acord Savannah, Mo. R. #5.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo. DATE Apr, 24, 1931				
19. UNDERTAKER (ADDRESS) Walter Prociakoff 1302 Paragon St.				
20. FILED 4-24 1931 John R. Bender Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr, 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 14 1931, to Apr 23 1931. I last saw him alive on Apr 23 1931. Death is said to have occurred on the date stated above, at 9.00 P. M. The principal cause of death and related causes of importance were as follows:
Scoliosis from 36 \$

Other contributory causes of importance: Septicemia involving flaps and bow

Date of onset Apr 17-19

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? NO

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. (1)

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) M. Adelman, M. D.
(Address) St. Joseph Mo

