

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

Do not use this space.

16255
2048

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Jean Primary Registration District No. _____
City Kansas City (No. 125) General 1st St. _____ Ward _____

2. FULL NAME

Luther B. Stafford
(a) Residence, No. 2716 Tracy St. 4 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 28th 1872</u>		
7. AGE <u>60</u>	YEARS	MONTHS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stationary</u> 34		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Engineer</u>		
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) <u>Donganoxie Kansas</u>		
13. NAME <u>Nathan Stafford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
15. MAIDEN NAME <u>May Bevell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
17. INFORMANT (ADDRESS) <u>Miss Bess Stafford 2716 Tracy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edwood</u> DATE <u>5/27/1932</u>		
19. UNDERTAKER (ADDRESS) <u>Greenway Mortuary Kansas City, Mo.</u>		
20. FILED <u>5/21</u> 19 <u>32</u> <u>M. M. Eyles</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1932 to 5-21 1932.
I last saw him alive on 5-21 1932. Death is said to have occurred on the date stated above, at 8:40 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Acute Cardiac Failure
Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____
If so, specify _____
(Signed) A. E. Williams M. D.
(Address) Supt. 125 Gen. Hosp. 125th

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.

