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

Do not use this space.

9823

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. — Registered No. 1427
City K.C. Mo. (No. General Hospital #2 St. Ward)

2. FULL NAME William Ford
(a) Residence, No. 2322 Tracy St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lilla Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-23-1887

7. AGE: YEARS 45 — MONTHS 4 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor
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): Bryant, Tex

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Record Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE 3-27- 1933

19. UNDERTAKER (ADDRESS): Watkins Bros 1729 Lydia Ave

20. FILED Mch 27, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-24- 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-18- 1933 to 3-24- 1933
I last saw him alive on 3-24- 1933 Death is said to have occurred on the date stated above, at 1:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
95B 95B	

Other contributory causes of importance: Hypertensive Heart Disease ~~Questionable Pulmonary T.B.~~

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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) General Hosp. #2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ...