

REC'D MAR 9 1939

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

5286
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kaw Primary Registration District No. 1002
(c) City or Kansas City, Mo. (d) Street No. 316 Wabash Avenue, K. C. Mo. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Ford,

(a) Residence, No. 316 Wabash Avenue, K.C. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Gladys Ford,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19th, 1860</u>				
7. AGE YEARS 73	MONTHS 11	DAYS 14	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>sawyer, bookkeeper, etc.</u> Retired-			
	9. Industry or business in which work was done, as <u>saw mill, bank, etc.</u> Morton Salt, Co.,			
	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>Iowa.</u>				
FATHER	13. NAME <u>Andrew Ford,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record.</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Mc Ferren</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record.</u>			
17. INFORMANT <u>Katherine Gladys Ford,</u> (ADDRESS) <u>316 Wabash Avenue, K.C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mr. Moriah Cem.</u> DATE <u>Feb. 6th, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Mrs. C.L. Forster</u> (ADDRESS) <u>918 Brooklyn Avenue, K.C. Mo.</u>				
20. FILED <u>76</u> 19 <u>39</u> <u>M. M. Browne</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3rd, 193922. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, Feb 3, 1939I last saw him alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset

Other contributory causes of importance:

arteriosclerosis

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) E. Kelly M. D.(Address) 402 Wabash Ave

Phone

16-06-17

4-11-1933

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
..... Licensed Embalmer No.....
..... P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, above space should be left blank.