

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.

(Usual place of abode)

(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 Macintosh
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, 19

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:

Scores from

36

Other contributory causes of importance:

Septicemia involving lungs and liver

Date of onset Apr 15-19

Name of operation

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

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) J. M. Appaman, M. D.

(Address) St. Joseph Mo

