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

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

23127 ~~22997~~

PLACE OF DEATH

County: Jackson

Township: _____ or Village: _____ or City: Kansas City (No. 2917 Flora St.; _____ Ward)

Registration District No. 893 Primary Registration District No. 1008

File No. _____ Registered No. 2396

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME: Frank S. Ford

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR OR RACE: White MARITAL STATUS (Write the word): Married

DATE OF BIRTH: June 25, 1856

AGE: 56 yrs. _____ mos. 23 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Mill Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Lumber Mill

BIRTHPLACE (City or town, State or foreign country): Ohio 5-92

PARENTS
NAME OF FATHER: N. N. Ford.
BIRTHPLACE OF FATHER (City or town, State or foreign country): Conn
MAIDEN NAME OF MOTHER: May Le Clarcq
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ohio.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Ford.

(ADDRESS) 2917 Flora Ave.

JUL 19 1912 W. S. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 18th (Month) (Day) 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 1st, 1912, to July 18, 1912, that I last saw him alive on July 17, 1912, and that death occurred, on the date stated above, at 7 20 A. m.

The CAUSE OF DEATH* was as follows:

46B
Toxemia 40
(Duration) _____ yrs. _____ mos. 60 ds.

Contributory (Secondary) Carcinoma of Stomach
(Duration) 1 yrs. _____ mos. _____ ds.

(Signed) J. H. Meyer M. D.
July 18, 1912 (Address) 218 Portsmouth Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State 30 yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL: Forest Hills — DATE OF BURIAL: July 20 1912
UNDERTAKER: Cashin & Lawrence — ADDRESS: 408 E. 9th St.
Thos. L. Nichols

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

1912

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 23127-12

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2396

On this 12th. day of April, 1960, before me appears Frances Berenice Ford, who, upon her oath, states that the original record of ~~XXXXX~~ death for Frank S. Ford ~~born~~ died July ~~15~~ 18, 1912, 19 , in the State of Missouri, and which was filed at ~~Jefferson~~ Kansas City, Missouri on July 19 1912 should be corrected as follows:

Item No. Date of Birth should read June 25, 1857
Instead of June 25, 1856

Item No. Age should read 55
Instead of 56

Item No. Maiden Name of mother should read Mary LeClercq
Instead of May LeClancq

Item No. should read Items verified by
Instead of family Bible Record.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frances Berenice Ford daughter
Relationship.

2917 Flora, KC, Mo.
Present Address.

Subscribed and sworn to before me this 12th day of April, 1960

My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be [illegible] containing erasures will not be accepted; draw one line through error and write above it.

2. An item already amended once by affidavit cannot be amended again by affidavit.

3. A surname is changed by court order or by adoption or legitimation procedures.

V. S. 460

23127