

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

Do not use this space.

21330

1. PLACE OF DEATH

County..... Jackson Registration District No. 399
Township..... Law Primary Registration District No. 1002
City..... Kansas City (No. Thickson & 1/2 Sts) St. Ward

File No.
Registered No. 2674
St. Ward

2. FULL NAME

William T. Furham

(a) Residence. No. 4123 Terrace St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 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

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Alice Furham

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 6 - 1858

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68</u>	<u>11</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stationery
(b) General nature of industry, business, or establishment in which employed (or employer) Engineer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Commerce Georgia

10. NAME OF FATHER

Eliza Furham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Massachusetts

12. MAIDEN NAME OF MOTHER

Elizabeth Furham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Jefferson Georgia

14.

INFORMANT Mrs. W. D. Furham
(Address) 4123 a. Terrace

15.

FILED July 27 1927 M. M. Brown
REGISTRAR Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 3 1927

17. I HEREBY CERTIFY that I attended deceased from
....., 19....., to
....., 19....., and that

that I last saw h..... alive on
death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

207 F
207 M
Fractured skull
acc fall from box car
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

185

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) W. S. Johnson, D

7-3-27 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Memphis, Ark.

DATE OF BURIAL

7/5/1927

20. UNDERTAKER

The Freeman Mortuary

ADDRESS

3146 Main

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.

