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

Do not use this space.

21364

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002-399 — Registered No. 21109
City Kansas City (No. Trinity Luthern Hospital St. 3 Ward)

2. FULL NAME Dr. William Virgil Ford
(a) Residence. No. 4943 State Line St., 8th Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 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: Wilma Ford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24-1893

7. AGE: Years 33 — Months 11 — Days 12 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS
10. NAME OF FATHER William E Ford
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Amanda J Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas

14. INFORMANT Wilma Ford
(Address) 4943 State Line.

15. FILED 7/7, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1927

17. I HEREBY CERTIFY, That I attended deceased from June 22d, 197, to July 6th, 1927, that I last saw him alive on July 6th, 1927, and that death occurred, on the date stated above, at 9-15 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar
108
115B
1010
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Agranulocytic Angina
Agranulocytic
(duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
O DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Wm K Trimble, M.D.
7/7, 1927 (Address) 929 Rialto Bldg

*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: Mt Moriah — DATE OF BURIAL: 7/7/27

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.