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

Do not use this space.

30430

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1001 — File No.
Township Kaw — Primary Registration District No. — Registered No. 3537
City Kansas City (No. Vineyard Park Hospt St. Ward)

2. FULL NAME James C. Williford
(a) Residence. No. St., Ward. Paola Kansas
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Williford
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 26, 1860
7. AGE: Years 66 — Months 11 — Days 22 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Insr & Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morristown Tenn.

PARENTS
10. NAME OF FATHER: John Williford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Martha McDaniel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Morristown Tenn.

14. INFORMANT (Address): Mrs. Ida Williford Paola, Kansas
15. FILED 10-18-1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 18 1927
17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1927, to Oct 18, 1927 that I last saw h. alive on Oct 18, 1927, and that death occurred, on the date stated above, at 6 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia
133B
135B
132B (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY): Cystitis & Suppurative Nephritis Overhealing of Bladder
(duration) 10 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF Oct 15-27
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Gordon, M. D
10-18, 1927 (Address) 604 Commerce 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: Paola Kansas — DATE OF BURIAL: Oct 18 1927
20. UNDERTAKER: D. W. Newcomers Sons K. C. Mo. — ADDRESS

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.

PERMANENT RECORD