221

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

Do not use this space.

7955

File No. 484

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: WASHINGTON — Primary Registration District No. 1001

City: St. Joseph (No. STATE HOSPITAL #2 St. Ward)

2. FULL NAME: Charles Fordyce

(a) Residence. No. VERSAILLES, ILL 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. 3 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3rd 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	3	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Illinois

PARENTS

10. NAME OF FATHER: James Wood
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Agnes Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Illinois

14. INFORMANT: State Hosp. Record
(Address): St. Joseph, Mo.

15. FILED MAR 30 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1928

17. I HEREBY CERTIFY, That I attended deceased from January 18, 1928 to March 28, 1928, that I last saw h. alive on March 28, 1928, and that death occurred, on the date stated above, at 9:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis 33A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Leonard Gulton, M. D.

3/28, 1928 (Address) State Hospital #2

*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	DATE OF BURIAL
VERSAILLES, ILLINOIS	MARCH 30 1928
20. UNDERTAKER	ADDRESS
E. R. SIDENFADEN	602 So. 10th St

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.

1928