JUL 24 1928

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

Do not use this space.

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No. 24254

Township Warrensburg — Primary Registration District No. 3023 — Registered No.

City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Robert Layfayette Ford

(a) Residence. No. 321 E Gay St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. 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)
M	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 30. 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	2	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith, (retired)

(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) Missouri

PARENTS

10. NAME OF FATHER Horatio Ford

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

12. MAIDEN NAME OF MOTHER Susan Mansfield

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

14. INFORMANT Mrs Leslie McMeekin
(Address) Warrensburg, Mo

15. FILED July 17, 1928 Mrs P Patterson REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Dead when I arrived July, 1928 that I last saw him alive on July 7th, 1928, and that death occurred, on the date stated above, at 8-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart attack acute dilation
92A
95B
90A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Valvular lesion
Several (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) John T. Anderson, M. D
, 19 (Address) Warrensburg Mo

*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
Knobnoster Cemetery	7/13 1928

20. UNDERTAKER	ADDRESS
S. R. Sweeney, Warrensbg	

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.