WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

30575

1. PLACE OF DEATH

County Jackson — Registration District No. 599 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 1710 Jefferson St. Ward)

2. FULL NAME Mildred Stanford

(a) Residence. No. 1710 Jefferson St., 3 Ward. (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: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J.W.Stanford

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 16th- 1837

7. AGE: Years 91 — Months 6 — Days 28 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED — 93 C

(a) Trade, profession, or particular kind of work: None

(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: Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT (Address): J. Z. Sterrett, 4401 Harrison

15. FILED 9/16, 1928 — M. M. Crowe, Assn. REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 14th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Sept 14, 1928 that I last saw her alive on Sept 14, 1928 and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Degeneration

906

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis.

(duration) 20 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? Clinical

(Signed) J. L. Loffoon M. D

9/15, 1928 (Address) 822 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: Farber Mo. — DATE OF BURIAL: 9/17/28

20. UNDERTAKER: R.V.Lindsey & Sons — ADDRESS: KC Mo.

Loffom