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

Do not use this space.

30650

File No. 3901

Registered No.

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City (No. 7136 Washington St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Frances M. Harford
(a) Residence. No. 7136 Washington St., 18 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Harford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
82	3	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(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) Wise

PARENTS
10. NAME OF FATHER John Lyman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Sarah Keen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

14. INFORMANT Madline L. Fitzgerald
(Address) 7136 Washington

15. FILED 9/24, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1928

17. I HEREBY CERTIFY, That I attended deceased from 10 Sept, 1928, to Sept 24, 1928 that I last saw her alive on Sept 23, 1928, and that death occurred, on the date stated above, at 3.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Interstitial Nephritis
12 Several (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) S. W. Fair, M. D
9/24, 1928 (Address) 7308 Washington

*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. Wash.
DATE OF BURIAL 9-25 1928

20. UNDERTAKER Mrs. C. L. Forster
ADDRESS Kansas City, Mo

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.

N. B. 99 W.

7500 Broadway
0480 Jackson
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