

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

Do not use this space.

6816

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. Kansas City Genl Hosp)

File No. \_\_\_\_\_  
Registered No. 982  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ford Lewis  
(a) Residence No. 340 S. Merriamton 10 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) <u>Single</u>
------------------------------	-----------------------------------------	-------------------------------------------------------------------------------------

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26, 1905

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day,</b> _____ hrs. or _____ min.
	<u>23</u>	<u>11</u>	<u>2</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Williams Bx Sund  
(b) General nature of industry, business, or establishment in which employed (or employer) Co.  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**10. NAME OF FATHER** Jim Ford

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

**12. MAIDEN NAME OF MOTHER** Eva Kirksey

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

**14.**

INFORMANT Deura Clark  
(Address) K.C. General Hosp

**15.**

FILED 4/28, 1929 M.M. Brown  
REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-28 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-19, 1929 to 2-28, 1929 that I last saw him alive on 2-28, 1929 and that death occurred, on the date stated above, at 8:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Encephalitis  
(Not Epidemic)  
7EB (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. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clin Findings  
P. E. Lee sup M. D.  
(Signed) \_\_\_\_\_

2-28, 1929 (Address) Supt K.C. Genl Hosp

\*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**

Forest Hill 3-1 1929

**20. UNDERTAKER**

**ADDRESS**

Mrs. C. L. Foster K.C. Mo.

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.

246

