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. 540998 5407

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [redacted]
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K.C. (No. 4007 Morrell St. Ward)

2. FULL NAME Ormond T. Wafford
(a) Residence. No. 4007 Morrell St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Carrie Wafford

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 13th 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	10	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): City License Dept
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga

2

PARENTS
10. NAME OF FATHER: J. W. Wafford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ga
12. MAIDEN NAME OF MOTHER: ~~Mrs~~ Cornelia Frescot
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): So Carolina

14. INFORMANT: Mrs Carrie Wafford
(Address) 4007 Morrell

15. FILED 12/31, 1929 M M Crowe REGISTRAR
ostl

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/29/29 19

17. I HEREBY CERTIFY, That I attended deceased from Deputy coroner, 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at 2:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Sclerosis
94 B

(duration) ....yrs. ....mos. ....ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ~~Yes~~
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M Hall, M. D.
12/4, 1929 (Address) Deputy Coroner

*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: Elmwood Cem — DATE OF BURIAL: 12/31/29 19

20. UNDERTAKER: W. F. Mayberry NC — ADDRESS: Kans City Mo