

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

Do not use this space.

1. PLACE OF DEATH

County Gass Registration District No. 156 File No. 464
 Township Grandview Primary Registration District No. Hago Registered No. 6
 City Harrisonville No. _____ St. _____ Ward _____

2. FULL NAME Victor Le Roy Ford

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 5 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— 6 16

8. OCCUPATION OF DECEASED

(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) Le Roy
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ernest Lee Ford

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

12. MAIDEN NAME OF MOTHER Nomia Gibson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pleasant Hill
 (STATE OR COUNTRY) Missouri

14. INFORMANT Ernest Lee Ford
 (Address) Harrisonville Mo.

15. FILED 1/25 30 H. S. Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-20 1930
 _____, 1930 to 1-23 1930
 that I last saw him alive on 1-23, 1930, and that death occurred, on the date stated above, at 5:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia

10/17

CONTRIBUTORY (SECONDARY) 10/17 (duration) yrs. _____ mos. _____ ds.

(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? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Henry Long M. D.

1/25 1930 (Address) Hollie 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 Pleasant Hill Mo DATE OF BURIAL 1/24 1930

20. UNDERTAKER Runnenburger Bros Co ADDRESS Harrisonville Mo

WRITE PLAINLY WITH FADING 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.

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