MAR 25 1930

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

Do not use this space.
4084

85

1. PLACE OF DEATH

County: Buchanan — Registration District No.:
Township: — Primary Registration District No.: 1001
City: St. Joseph — (No. Missouri Methodist Hospital St. Ward)

File No.:
Registered No.: 151

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2. FULL NAME Eva Dell Waford

(a) Residence. No. St., Ward. Savanna h Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ulysis F Waford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 20, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Own home

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER John W Chis dale
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Nancy K Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT Ulysisi F Waford
(Address) Savannah Missouri

15. FILED FEB 4 1930 John G. [illegible] REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1930, to, 19, that I last saw h. er alive on Feb 3, 1930, and that death occurred, on the date stated above, at 4/20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
9220
948
10419 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Coronary sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan. 31. 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) [illegible], M. D.
FEB. 4, 1930 (Address) St. Joseph 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	DATE OF BURIAL
Savannah Mo. Cemetery	Feb. 5 1930
20. UNDERTAKER H. O. Siebenfaden	ADDRESS 1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

cated by check marks, lacking from the death certificate:

Name: Eva Dell Wafford

Who died at: St. Joseph, Mo. on Feb 3, 1930

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Chronic Myocarditis

Contributory: Coronary Sclerosis

An operation was performed for the relief of an infection of the Right Ethmoid Sinus labyrinth.

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: Dr L. R. Forgrave

Address of physician: _____

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