MAR 24 1931

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

Do not use this space.

4866

1. PLACE OF DEATH
County Chariton
Township Brunswick
City Brunswick (No. ..... St. ..... Ward)

Registration District No. 169
Primary Registration District No. 4098

File No. .....
Registered No. 3

2. FULL NAME William Kirk 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. mos. 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)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Bertha Ford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21-1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	7	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad Train Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad Work 245
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Chas. B. Ford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lease Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Glasgow
(STATE OR COUNTRY) Mo.

14. INFORMANT Lease Ford
(Address) Brunswick Mo

15. FILED 2/3, 1931 Harry E. Tatum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930 to Feb 2, 1931 that I last saw him alive on Feb 2, 1931, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
23A
93B
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) yrs. 1 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) Harry E Tatum, M. D.
3/1, 1931 (Address) Brunswick 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
Brunswick Mo	Feb 4th 1931

20. UNDERTAKER	ADDRESS
L. W. Meisel	Brunswick 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.

THIS IS A PERMANENT RECORD