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

399

Do not use this space.
10038

1. PLACE OF DEATH
County Jackson. Registration District No. 1002
Township Kaw Primary Registration District No.
City Kansas City (No. Wesley Hospital St. 1311 Ward)

File No.
Registered No.

2. FULL NAME Earl Fred Playford.
(a) Residence, No. St., Ward Warrensburg, 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. 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) Sept. 20, 1905.

7. AGE: Years 25 | Months 5 | Days 21. | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

FATHER
13. NAME Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Alex. Dyer.
(ADDRESS) Warrensburg. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oaks Grovell DATE Mar. 13 1931

19. UNDERTAKER R. Q. Phillips.
(ADDRESS) Warrensburg. Mo.

20. FILED 3/17 1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March. 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 19..., to Jan. 29, 1931
I last saw him alive on Jan. 29, 1931. Death is said to have occurred on the date stated above, at 11:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis	Jan 15 1931
115A	
57A	
Other contributory causes of importance:	
Tuberculosis	Feb 15 1931

Name of operation Tuberculosis Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. J. Schofield, M. D.
(Address) Warrensburg 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.