

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

Do not use this space.

28514

**1. PLACE OF DEATH**

County Jackson

Township Kaw

City Kansas City

Registration District No. 333

Primary Registration District No. 333

(No. 1125 Grand Ave.)

File No. 3642

Registered No. 3642

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jacob Franklin Bickford

(a) Residence, No. 3942 Troost Ave. St. 6 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1890.

7. AGE YEARS <u>41</u>	* <u>Feb</u>	MONTHS <u>6</u>	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

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, day, year) Jan 29, 1931

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME John Wm. Bickford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Elba Moffitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mrs. Ethel Hachathorne  
3942 Troost Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moravia, Iowa DATE 9-1-31, 19\_\_\_\_

19. UNDERTAKER (ADDRESS) J.P. LOUIS FUNERAL HOME  
3400 Woodland Ave.

20. FILED 8/31 - 1931 M. M. Cramer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Pneumonia Date of onset \_\_\_\_\_

900 950

Other contributory causes of importance:

Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis autopsy Was there an autopsy? Yes

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) Stanley M. Hall, M. D.

(Address) Deputy Coroner

