

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

Do not use this space.

40702

**1. PLACE OF DEATH**

County Grundy Registration District No. 230  
 Township Franklin Primary Registration District No. 3017  
 City Trenton (No. 908 E. 12th St. Ward)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Fay B. Lord  
 (a) Residence, No. 908 E. 12th St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. Bessie Lord

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1874

7. AGE YEARS 57 MONTHS 1 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plaster  
 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) Mo

FATHER 13. NAME Henry Lord

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

MOTHER 15. MAIDEN NAME Bertie Coals

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

17. INFORMANT Mrs Fay Lord (ADDRESS) Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE Dec 10 1931

19. UNDERTAKER M. N. Russ (ADDRESS) Trenton, Mo

20. FILED Dec 11 1931 E. A. Duffy

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 1 12 1931 to Dec 5, 1931  
 I last saw him alive on Nov 12, 1931 Death in said to have occurred on the date stated above, at 10:30 m.

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

Carditis  
57  
95B

Date of case 12/8/31  
Diels

Other contributory causes of importance:  
hypertension untreated 20 yrs  
stroke

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

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) W. H. Cunningham M. D.  
 (Address) Trenton, 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

