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.

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

Do not use this space.

1. PLACE OF DEATH Veterans' Administration Hospital 899
County Jackson Registration District No. 899
Township Primary Registration District No. 3001
City Kansas City, Missouri (No. , St. Ward)

File No. 38614
Registered No. 4619

2. FULL NAME FORD, Arthur Lawrence C-905 686 202-10
(a) Residence, No. 4108 Garfield St., Ward. Capt. Inf.
(Usual place of abode) Kansas City, Missouri. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Grace Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
52	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 172
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) Milwaukee Wisconsin 2

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

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

17. INFORMANT (ADDRESS) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 12-7-32

19. UNDERTAKER (ADDRESS) Freeman Mortuary Kansas City, Mo.

20. FILED 12-7, 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1932, to December 5, 1932
I last saw him alive on December 5, 1932 Death is said to have occurred on the date stated above, at 11:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage-Cerebellum-Right	Unknown
131	
82	
91	
31	
0	

Other contributory causes of importance:
Arteriosclerosis-General-Severe Unknown
Nephritis-chronic-Diffuse (Arterio-Sclerotic) "

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) W. E. Chambers M. D.
(Address) W. E. CHAMBERS, Med. Officer in Charge
Vet. Adm. Hosp. Kansas City, Missouri.