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.

19681

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2392

Township Kaw — Primary Registration District No. 1062 — Registered No.

City Kansas City (No. Riviera Apartments 229 Ward St. Phney Ward)

2. FULL NAME Jessie Stark Ford

(a) Residence, No. Riviera Apartments, 7 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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John P. Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 12, 1847

7. AGE: Years 86 — Months ~~3~~ 4 — Days 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

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): Scotland

FATHER

13. NAME: Walter Stark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER

15. MAIDEN NAME: Elizabeth Chalmers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Mrs. W. W. Kennedy, Riviera Apartments

18. BURIAL, CREMATION, OR REMOVAL PLACE: Elmwood Cem. DATE: June, 1933

19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Plaza

20. FILED: June 8, 1933 — M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to June 6, 1933. I last saw her dead on 6-6-1933. Death is said to have occurred on the date stated above, at 10 45 m.

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

Cerebral Hemorrhage — Date of onset 6/6/33

820

Other contributory causes of importance: General Arteriosclerosis

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) Wilson A. Myers, M. D.

(Address) 815 Stuart Bldg K.C. Mo.