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.

1362

FEB 19 1935

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan. — Primary Registration District No. 1002 — Registered No. 223
City Kan City (No. Muehlbach Hotel St. Ward)

2. FULL NAME James T. Hereford
(a) Residence, No. St Joseph Mo St., Ward. St. Joseph - Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 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 Frances F. Hereford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21 - 1876
7. AGE YEARS 58 MONTHS 11 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Combe Ptg. Co.
10. Date deceased last worked at this occupation (month and year) January 1935
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton Missouri

FATHER
13. NAME Dr. Richard H. Hereford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER
15. MAIDEN NAME Amanda F. Tracy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Frances F. Hereford St. Joseph - Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph, Mo. DATE Jan. 17 1935
19. UNDERTAKER (ADDRESS) Mierhoffer Funeral Home St. Jos. Mo.
20. FILED Jan 17, 1935 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1935.
22. I HEREBY CERTIFY That I attended deceased from ....., 19.... to ....., 19....
I last saw ..... 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:

	Date of onset
Coronary Thrombosis	
Chronic Myocardial Myocardium	

Other contributory causes of importance: 93%

Name of operation ..... Date .....
What test confirmed diagnosis? ..... 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) ....., M. D.
(Address) .....

Dr. P. H. Owens
Road to Bldg
9th Standard