

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.

JUN 22 1936

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

Do not use this space.

19894

1. PLACE OF DEATH

County Lafayette

Registration District No. 460

Township Dover

Primary Registration District No. 5623

City Higginsville

(No.)

File No.

Registered No.

St.

Ward)

2. FULL NAME

James Acord

(a) Residence, No.

Confederate Home

St.

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

WIDOWED (write the word)

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

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

June 13 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

90

10

5

day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinster,
sawyer, bookkeeper, etc.

Inmate Con. 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)

Virginia

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT
(ADDRESS)

A. H. Hader

Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Con Home

DATE

4/18/36

19. UNDERTAKER
(ADDRESS)

A. H. Hader

Higginsville, Mo.

20. FILED

May 2

19

1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 16, 1936 to May 17, 1936

I last saw him alive on May 17, 1936

Death is said to have occurred on the date stated above, at 6:30 m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

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

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?

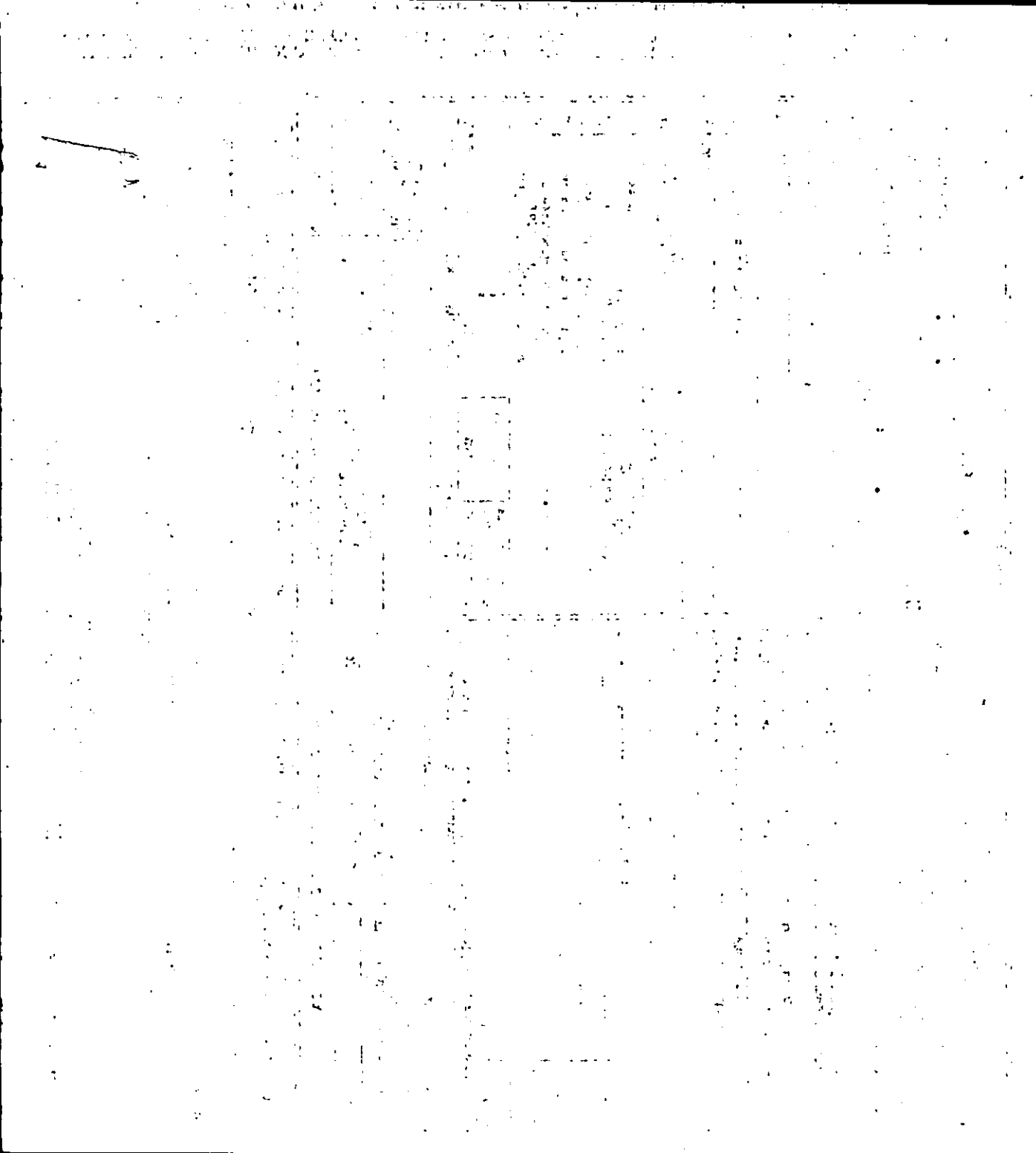
If so, specify

(Signed)

(Address)

, M. D.

Corrected by affidavit Dec 9-1940



MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri, }
County of Saline. } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 6th day of December, 1940, before me appears Mrs. Daisy Ordway,
who, upon her oath, states that the original record of ~~birth~~ death
for James Acord died May 1st, 1936, in the State of
Missouri, and which was filed at Lafayette Co, Mo. on May 2d, 1936, should be corrected as follows:

Item No. 21 should read April 17th, 1936

Instead of May 1st, 1936

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant 71120 Daisy Ordway Daughter.
Relationship.

473 South English Ave., Marshall, Mo.
Present Address.

Subscribed and sworn to before me this 6th day of December, 1940.

My Commission expires February 29th, 1944.

J. H. Baschke Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-19894

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