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

Do not use this space.

22841

File No. 21165

Registered No. 8500

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Lee — Primary Registration District No. 1002

(City) Kansas City (No. Mercy Hospital St. Ward)

2. FULL NAME Margaret F. Harford

(a) Residence, No. 829 Elm St. Ward. Chillicothe Mo

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 29, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
13	8	5	

OCCUPATION

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

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): Scranton Kansas

FATHER

13. NAME: Frank B. Harford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Pearl E. Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown West Virginia

17. INFORMANT (ADDRESS): Frank B. Harford 829 Elm Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Mt. Washington DATE June 5 1936

19. UNDERTAKER (ADDRESS): Judge & Karsen 1101 Pleasant Ind

20. FILED 6/8 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/3/36, 19

22. I HEREBY CERTIFY, that I attended deceased from ....., 19.., to ....., 19..

I last saw h.... alive on ....., 19.. Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Rheumatic pancarditis	

Other contributory causes of importance: None

Name of operation ..... Date of op.....

What test confirmed diagnosis? Autopsy 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?

If so, specify

(Signed) ....., M. D.

(Address)

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.