

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.

**AUG 24 1936**

26519

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. Research Hospital) St. 3187 Ward 3187

**2. FULL NAME**

Mrs. Mabel Ford  
 (a) Residence, No. 312 E 9th, Kansas City, Mo. Ward. \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Earl Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
56 9 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Seamstress  
 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) Blythedale Missouri

FATHER 13. NAME Wm. F. Fosdick

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Fred Leach 615 Hardy, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blythedale, Mo. DATE July 8, 1936

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 2044 W. Linwood

20. FILED July 8, 1936 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov. 1, 1935 to July 7, 1936. I last saw her alive on July 6, 1936. Death is said to have occurred on the day stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Date of onset \_\_\_\_\_  
Chronic Myocarditis \_\_\_\_\_ years

Other contributory causes of importance: 930  
Cardiac Failure 2 with  
(Congestive Heart)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Culopry 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. V. Bell M. P.  
 (Address) 1132 Professional B Kansas

