JAN 19 1937

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

Do not use this space.

45023

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 5[illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. 5[illegible]

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

2. FULL NAME Howard M Danford

(a) Residence, No. 26 East 62nd Terrace St. Ward. (If nonresident, give city or town and State)
(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.

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: Edith Danford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12, 1896

7. AGE: YEARS 40 — MONTHS 9 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Division Mgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bireley's Inc. Beverage Co.
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): Whigville Ohio

FATHER

13. NAME: Peter H. Danford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Whigville Ohio

MOTHER

15. MAIDEN NAME: Rosanna Cleary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Whigville ohio

17. INFORMANT (ADDRESS): Mrs. Edith Danford 26 E. 62 Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hill DATE 19

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons Brushcreek & Pasco

20. FILED Dec 29, 1936 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1936, 19.., to Dec 29, 1936

I last saw him alive on Dec 29, 1936 Death is said to have occurred on the date stated above, at 1:00am.

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

	Date of onset
Duodenal Ulcer	4 yrs
Perforated Duodenal Ulcer	60 hrs
Other contributory causes of importance: General Peritonitis	60 hrs

Name of operation None Date of

What test confirmed diagnosis? Autopsy 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) John H. Ogilvie, M. D.
(Address) 730 Professional K. C. Mo

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.

Professional Bldg.

Vi 2444 130 – 530 pm