

APR 21 1937

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

Do not use this space.

12398
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1. PLACE OF DEATH

County Lafayette ⁵¹⁴ Registration District No. 461
Township Lexington Primary Registration District No. 3024
City Lexington (No. _____) St. _____ Ward _____

2. FULL NAME Frank Gilkerson Hord

(a) Residence, No. _____ 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 DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Young Hord

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5th 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 4

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

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) Johnson Co. Mo. (STATE OR COUNTRY)13. NAME John M. Hord14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)15. MAIDEN NAME Willie A. Hondly16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)17. INFORMANT Mrs. Lee Hord (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, MO DATE Mar. 11 193719. UNDERTAKER Winkler Lexington, Mo. (ADDRESS)20. FILED Mar 11 1937 Faye B. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1937 to Mar 9 1937
I last saw him alive on Mar 9 1937. Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Degenerative Myocarditis
decompensating

Other contributory causes of importance:

None of kind

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 _____, 1937

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) Faye B. Bates, M. D.(Address) Lexington 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.

