

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

Do not use this space.

**OCT 19 1937**

**1. PLACE OF DEATH**

County Jackson Registration District No. 319  
Township Kaw Primary Registration District No. 1802  
City Kansas City General Hosp. No. 2

File No. 33496  
Registered No. 3011  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Shelby Lanford  
(a) Residence, No. 1008 (E. 16th St) Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 29 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1908

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>29</u>	<u>2</u>	<u>26</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed  
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) Kansas City, Mo.

13. NAME W. J. Lanford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline, Mo.

15. MAIDEN NAME Ada Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline, Mo.

17. INFORMANT (ADDRESS) W. J. Lanford, Father, 4202 1/2 State

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 10-30-37

19. UNDERTAKER (ADDRESS) Adkins Bros., 5000 E. 12th St.

20. FILED Sept 30 1937 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-37 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19

I last saw h. Deputy Coroner Death is said to have occurred on the date stated above, at 4:05 AM.  
The principal cause of death and related causes of importance were as follows:

Homicide  
Burn shot wound of leg.  
Generalized septicemia  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Just Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 6-27-37 19

Where did injury occur? Car 15th and Walnut (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On street car 15th and Walnut  
Manner of injury Burn shot wound of leg  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Lucian Richardson, M. D.  
(Address) 1832 Vine

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.

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$$\begin{array}{r} 1937 = 9-24 \\ 1890 - 4-5 \\ \hline 47 \quad 4 \quad 19 \end{array}$$

$$\begin{array}{r} 65 \\ 47 \\ \hline 18 \end{array}$$

$$\begin{array}{r} 1937 \\ 47 \\ \hline 1890 \end{array}$$