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

Do not use this space.

2437

File No. 13

Registered No.

1. PLACE OF DEATH

County Clay — Registration District No. 198

Township Fishing River — Primary Registration District No. 3011

City Excelsior Springs, Mo. (No. , St. 3d Ward)

2. FULL NAME FORD, James M. 630

(a) Residence, No. Veterans Administration Facility Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16, 1869

7. AGE: Years 68 — Months 7 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chariton Co. Mo.

FATHER

13. NAME Jackson Ford (deceased)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Katherine Parrish (deceased)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: Nstional Cemetery
PLACE Ft. Leavenworth, Ks DATE Jan. 23rd, 1938

19. UNDERTAKER (ADDRESS): John C. Prather, Excelsior Springs, Mo.

20. FILED June 24, 1938 Lorna McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1938, 19, to Jan. 20, 1938, 19
I last saw him alive on Jan. 20, 1938, 19. Death is said to have occurred on the date stated above, at 4:15 p.m. a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	
Other contributory causes of importance: Generalized arteriosclerosis	

Name of operation None Date of --
What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) E. K. MOORE, MD, Clinical Director M. D.
(Address) Veterans Administration Facility, Excelsior Springs, 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.

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