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.

REC'D APR 23 1938

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

Do not use this space.

File No. 9728

Registered No. 1193

1. PLACE OF DEATH
County: Jackson
Township: East
City: K. C. Mo. (No. General Hosp. #2 St. 3rd Ward)

Registration District No. 399
Primary Registration District No. 1995

2. FULL NAME: Frank Ford 630

(a) Residence, No. 2808 Kensaw 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-20-1876

7. AGE: Years 62 | Months 1 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Harrison Co. Texas

FATHER
13. NAME: Marshall Ford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

MOTHER
15. MAIDEN NAME: Fannie Slack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tex.

17. INFORMANT (ADDRESS): Record Clerk General Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lincoln DATE: 3-14 1938

19. UNDERTAKER (ADDRESS): Adkins Bros 2008 E. 12th

20. FILED: Mch 16, 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-6 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1938, to 3-6, 1938
I last saw him alive on 3-6, 1938. Death is said to have occurred on the date stated above, at 12 55 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Moderately Advanced Pulmonary Tuberculosis	
23	
Other contributory causes of importance: Rheumatic Type Heart Disease with Decompensation	

Name of operation: Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No

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) [illegible] M.D.
(Address) General Hosp. #2