WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JAN 15 1939

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

Do not use this space.

43290

File No.

Registered No.

1. PLACE OF DEATH
County Jackson 2 1 Registration District No. 395
Township Sniabar Primary Registration District No. 4232
City Blue Springs Mo (No. St. Ward)

2. FULL NAME John W Litchford
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maggie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 27 - 1854
7. AGE: YEARS 84 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): W. Va 1

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " 9

17. INFORMANT (ADDRESS): L. L. Litchford Blue Springs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs DATE 12-10 1938
19. UNDERTAKER (ADDRESS): R B Webb Blue Springs Mo
20. FILED Jan 10 1939 F. W. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec, 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jany 1, 1938 to Dec, 8, 1938
I last saw him alive on Dec, 8, 1938. Death is said to have occurred on the date stated above, at 2:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr,	1930
9 3 C	

Other contributory causes of importance:

Influenza Dec, 1	1938

Name of operation — Date of —
What test confirmed diagnosis? Physical 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) W G Rowe, M. D.
357 (Address) Blue Springs, Mo