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.

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

PLACE OF DEATH

County: Vernon

Township: ~~Center~~

or Village:

or City: Nevada (NO. 3 22 South Tucker St.; 4 Ward)

Registration District No. 875 File No. 40785

Primary Registration District No. 3039 Registered No. 235

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME: William Elliott Ford

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: white

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word): Married

DATE OF BIRTH: Dec 19 (Month) (Day), 1859 (Year)

AGE: 51 yrs. 11 mos. 29 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (City or town, State or foreign country): Macon County Near Macon City Mo

PARENTS
NAME OF FATHER: Jacob J. Ford
BIRTHPLACE OF FATHER (City or town, State or foreign country): Paris Mo. Monroe Co.
MAIDEN NAME OF MOTHER: Mary T. Combs
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ralls County Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Maud D F Longstreth

(ADDRESS) Nevada, Mo.

Filed Dec 14, 1910 G E Wilson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 18 (Month) (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 1, 1910, to Dec 18, 1910, that I last saw him alive on Dec 18, 1910, and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Heart Disease

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY): Brights Disease

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J M Yates M. D.

12/19, 1910 (Address) Nevada Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Monterose Mo.

DATE OF BURIAL: 12-20, 1910

UNDERTAKER: Oscar E. King

ADDRESS: Nevada

d States Standard Certificate of Death

S. Census and American Public Health Association]

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ccupation.—Precise statement of oc-
mportant, so that the relative health-
s pursuits can be known. The ques-
ch and every person, irrespective of
ccupations a single word or term on
be sufficient, e. g., *Farmer* or *Planter,*
sitor, Architect, Locomotive engineer,
ationary fireman, etc. But in many
industrial employments, it is neces-
the kind of work and also (*b*) the
siness or industry, and therefore an
provided for the latter statement; it
ly when needed. As examples: (*a*)
n mill; (*a*) *Salesman,* (*b*) *Grocery;*
; Automobile factory. The material
orm part of the second statement.
Laborer," "Foreman," "Manager,"
thout more precise specification, as
n laborer, Laborer—Coal mine, etc.
who are engaged in the duties of the
ot paid *Housekeepers* who receive a
ay be entered as *Housewife, House-*
and children, not gainfully employed,
home. Care should be taken to re-
e occupations of persons engaged in
r wages, as *Servant, Cook, House-*
cupation has been changed or given
he DISEASE CAUSING DEATH, state oc-
ng of illness. If retired from busi-
y be indicated thus: *Farmer (re-*
r persons who have no occupation
ne.

ause of death.—Name, first, the
ATH (the primary affection with re-
causation), using always the same
the same disease. Examples: *Cere-*
: only definite synonym is "Epidemic
ngitis"); *Diphtheria* (avoid use of
d fever (never report "Typhoid
ar pneumonia; Bronchopneumonia
ualified, is indefinite); *Tuberculosis*
peritonaeum, etc., *Carcinoma, Sar-*
coma, etc., of ..... (name origin; "Canc
less definite; avoid use of "Tumor" for mal
neoplasms); *Measles; Whooping cough; Chronic*
lar heart disease; Chronic interstitial nephritis, etc
contributory (secondary or intercurrent) affection
not be stated unless important. Example: *Measles*
ease causing death), *29 ds.; Bronchopneumonia*
ondary), *10 ds.* Never report mere symptoms o
minal conditions, such as "Asthenia," "Ana
(merely symptomatic), "Atrophy," "Collapse," "C
"Convulsions," "Debility" ("Congenital," "Senile,"
"Dropsy," "Exhaustion," "Heart failure," "Ha
rhage," "Inanition," "Marasmus," "Old age," "Sl
"Uraemia," "Weakness," etc., when a definite d
can be ascertained as the cause. Always quali
diseases resulting from childbirth or miscarria
"PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*
State cause for which surgical operation was
taken. For VIOLENT DEATHS state MEANS OF INJUR
qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL,
probably such, if impossible to determine defi
Examples: *Accidental drowning; Struck by r*
train—accident; Revolver wound of head—hom
Poisoned by carbolic acid—probably suicide. Th
ture of the injury, as fracture of skull, and
quences (e. g., *sepsis, tetanus*) may be stated und
head of "Contributory." (Recommendations on C
ment of cause of death approved by Committ
Nomenclature of the American Medical Associa

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HUGH STEPHENS, JEFFERSON CITY.