

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

PLACE OF DEATH

County Rollinger  
Township Liberty  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 940 File No. 33706  
Primary Registration District No. 5104 Registered No. \_\_\_\_\_

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

FULL NAME Arkney Eleyar Ford

PERSONAL AND STATISTICAL PARTICULARS

SEX m. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

DATE OF BIRTH Jan 1, 1870  
(Month) (Day) (Year)

AGE 42 yrs. 7 mos. 20 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) — 1-0<sup>2</sup>

BIRTHPLACE (City or town, State or foreign country) Hahn Mo.

PARENTS  
NAME OF FATHER Isaac Ford  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Murray Ky.  
MAIDEN NAME OF MOTHER Elizabeth Fowler  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Marble Hill Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mary A. Ford  
(ADDRESS) Hahn Mo.

Filed Oct 7, 1911 J. M. Finney  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 15, 1911, to Aug 20, 1911, that I last saw him alive on Aug 20, 1911, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH\* was as follows:  
Typhoid fever

(Duration) 1 yrs. 20 ds.

Contributory (SECONDARY) (Duration) 1 yrs. 20 ds.  
(Signed) Asier J. Speer M. D. Sept 12, 1911 (Address) Galma 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 Palmore Cem DATE OF BURIAL 8-22, 1911  
UNDERTAKER A. Warren ADDRESS Rutherville.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.



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CERTIFICATE OF DEATH

PLACE OF DEATH

County Bollinger  
Township or Village or City Liberty

Registration District No. 69 File No. 89706  
Primary Registration District No. 5708 Registered No. 24826

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

FULL NAME X Orkney Elyzer Ford

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

DATE OF DEATH X August 21, 1911  
(Month) (Day) (Year)

DATE OF BIRTH X Jan 1, 1870  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 15, 1911, to Aug. 20, 1911, that I last saw him alive on Aug. 20, 1911, and that death occurred, on the date stated above, at 6 a.m.

AGE X 42 yrs. 7 mos. 20 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Typhoid fever

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

BIRTHPLACE (City or town, State or foreign country) X Lahn Mo

(Duration) yrs. 1 mos. 20 ds.

PARENTS NAME OF FATHER X Isaac Ford

Contributory (SECONDARY) (Duration) yrs. mos. ds.

BIRTHPLACE OF FATHER X Murray Ky.

(Signed) Asier J. Speer M. D. Sept. 12, 1911 (Address) Liberty Mo.

MAIDEN NAME OF MOTHER X Elyzabeth Fowler

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

BIRTHPLACE OF MOTHER X Maple Hill Mo

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary A. Ford

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

(ADDRESS) Lahn Mo

Where was disease contracted If not at place of death?

Filed Sept. 12, 1911 Asier J. Speer REGISTRAR

Former or usual residence

PLACE OF BURIAL OR REMOVAL X Palmore Cem DATE OF BURIAL X 8-29, 1911

UNDERTAKER X A Warren Lutesville ADDRESS

THIS INFORMATION IS TO BE KEPT EXACTLY AS STATED. PHYSICIANS SHOULD BE CAREFUL TO STATE EXACTLY THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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