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

Do not use this space.

9663

File No. .....

Registered No. 2195

**1. PLACE OF DEATH**

County .....

Township .....

City 1568 Lawrence (No. City / Wakefield St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

**2. FULL NAME** Ethel Ford

(a) Residence. No. 3210 Wyoming St. 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Female

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 1891

7. AGE: Years 35 | Months 5 | Days 15 | If LESS than 1 day, ....hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sandalgalor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Eugene Hammett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ursula Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Maryland
(STATE OR COUNTRY) Maryland

14. INFORMANT Female
(Address) City Wakefield

15. FILED ..... 19..... Max C. Starcoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1927

17. I HEREBY CERTIFY, That I attended deceased from March 2 1927, 19..., to March 2 1927, that I last saw h... alive on March 3 1927, and that death occurred, on the date stated above, at 12 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubar Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY)

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Reuben M. Smith M.D.

3/3, 1927 (Address) City Wakefield

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mo. Crematory

DATE OF BURIAL: Mar. 5 1927.

20. UNDERTAKER: Ziegenheim Bros. 2623 Cherokee St.

ADDRESS

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.

Acd.