

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

Do not use this space.

7067

1. PLACE OF DEATH

County Lafayette Co
Township.....
City Odessa (No.) St. Ward)

Registration District No. 464
Primary Registration District No. 4277

File No. 13
Registered No. 10

2. FULL NAME Cornelius Young Ford

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 9 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie G Ford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 | 10 | 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Dromills
(STATE OR COUNTRY) Ky.

10. NAME OF FATHER Jno R. Ford

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

12. MAIDEN NAME OF MOTHER Caroline Ford

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

14. INFORMANT Sallie G. Ford by res
(Address) Odessa Mo

15. FILED Jan 10 1929 R. A. Chasley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 13 1929 to Feb 20 1929 that I last saw him alive on Feb 20 1929, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary edema
110

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1015
IF NOT AT PLACE OF BIRTH.....

DID AN OPERATION PRECEDE DEATH? no DATE.....

WAS THERE AN ACCIDENT? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. A. Chasley, M. D.

(Address) Odessa Mo.

*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 Odessa Cemetery DATE OF BURIAL 2-22 1929

20. UNDERTAKER Blincov P. Surr ADDRESS Odessa Mo.

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

1929

5
1208

262

12

19

92

