

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

Do not use this space.

28654

**1. PLACE OF DEATH**

County Randolph  
Township \_\_\_\_\_  
City Moberly (No. 415 Morehead)

Registration District No. 735  
Primary Registration District No. 5034

File No. \_\_\_\_\_  
Registered No. 167  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

George W. Ford  
(a) Residence No. 415 Morehead 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 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 Yoana Ford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 7 6

**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)**

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Thomas Ford

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

12. MAIDEN NAME OF MOTHER Lena Ruth Harris

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

14. INFORMANT Mrs Yoana Ford  
(Address) 1 Moberly, Mo

15. FILED 8/9 1929 Thos S. Fleming REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from June 22 1929 to Aug 7 1929 that I last saw ~~him~~ alive on August 2 1929 and that death occurred, on the date stated above, at 4:40 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of liver  
46 E (duration) yrs. 5 mos. ds.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH at place of death.

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Post-mortem

(Signed) E. H. Shrader M. D.

8-9 1929 (Address) Moberly, Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moberly Mo DATE OF BURIAL 8-9<sup>th</sup> 1929

20. UNDERTAKER Mahan and Son ADDRESS Moberly 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.

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26  
1929

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