JUN 2 1930

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

Do not use this space.

15472

1. PLACE OF DEATH
County: Caldwell
Township: Hamilton
City: ..... (No. ....., ... St. ..... Ward)
Registration District No.: 9
Primary Registration District No.: 4858
5/142
File No.: 87
Registered No.: (17)

2. FULL NAME: Mary Ford

(a) Residence. No. 7 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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 4, 1840

7. AGE: Years 89 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Lancashire
(STATE OR COUNTRY): England

PARENTS
10. NAME OF FATHER: Samuel Whitworth
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Lancashire
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Jane Whitworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): England

14. INFORMANT: S. T. Ford
(Address): Hamilton, Mo

15. FILED May 24, 1930 Finley Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1930, to May 22, 1930, that I last saw h.e.r. alive on May 1, 1930, and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy.
82A
10A/4A1
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Thrombo-Phlebitis.
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) S. M. Bailey, M. D.
May 24, 1930 (Address) Hamilton, 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: Highland Cemetery
DATE OF BURIAL: 5/25 1930

20. UNDERTAKER: John Hamilton
ADDRESS: Hamilton 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.

WRITE PLAINLY. PUTTING INFORMATION IN THIS RECORD