

SEP 26 1930

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

Do not use this space.

27376

1. PLACE OF DEATH

County New Madrid Registration District No. 245 File No. \_\_\_\_\_  
Township Big Prairie Primary Registration District No. 5800 Registered No. \_\_\_\_\_  
City New Stanton St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Vernon Clyde Ford  
(a) Residence No. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) New Madrid  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Clyde Ford

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

12. MAIDEN NAME OF MOTHER Cecil Stott

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

14. INFORMANT Clyde Ford  
(Address) New Stanton Mo

15. FILED 9/10 30 D. A. Chiles  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1930

17. I HEREBY CERTIFY That I attended deceased from Aug 12 1930 to Aug 25 1930 (that I last saw him alive on Aug 25 1930 and that death occurred on the date stated above, at 8:15 A.M. m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature (5 1/2 mos)

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Howard M. Lewis, M.D.

8/25 1930 (Address) New Stanton 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

Urn DATE OF BURIAL 8/25 1930

20. UNDERTAKER

W. J. Welch ADDRESS New Stanton Mo

Accuracy of information supplied. AGE should be stated EXACTLY. PHYSICIANS should state exact statement of OCCUPATION is very important.

