

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

Do not use this space.

10677

1. PLACE OF DEATH

61 County macon
Township Hudson
City..... (No.....) St..... Ward.....

Registration District No. 533
Primary Registration District No. 5713

File No.....
Registered No. 30

2. FULL NAME

Ella 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. 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) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 7 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxas

MOTHER FATHER 13. NAME Jacharias Ford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Rebecca Whisenand

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Ben Ford
R R macon

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel Cem DATE Mar 17 1931

19. UNDERTAKER (ADDRESS) Edith Skinner
macon

20. FILED 3/31 31 Mrs Luke Hunkle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1931

22. I HEREBY CERTIFY, That I attended deceased from March 5 1931 to March 10 1931.
I last saw her alive on March 4 1931. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer uterus
40
4/8

Other contributory causes of importance.....

0 Name of operation nil Date of.....
What test confirmed diagnosis? Culturing Was there an autopsy NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
3/10 (Signed) AMR M. D.
31 (Address) macon

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.

APR 24 1931

