

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

Do not use this space.

37454

1. PLACE OF DEATH

County Harrison Registration District No. 338
Township Sugar Creek Primary Registration District No. 0474
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Jessie O. Ford
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 BJ Ford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26-1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 4 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Missouri

10. NAME OF FATHER Robert William

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

12. MAIDEN NAME OF MOTHER Minnie W. Brown

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

14. INFORMANT BJ Ford
(Address) Harrison City Mo

15. FILED 12/10 1931 W. D. Haines REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. _____, 1930, to Nov 18, 1931, that I last saw her alive on Nov 18, 1931, and that death occurred, on the date stated above, at 7 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: UNKNOWN
Cause of her death is unknown
immediately diagnosed. But she has
been sick for the past 35 yrs. She had
so many diseases (duration) 35 yrs 4 mos 22 ds.
Heart failure.

CONTRIBUTORY (SECONDARY) Heart failure
(duration) 2 yrs 4 mos 22 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 _____

(Signed) J. C. Walker D. O. M. A.

(Address) Silman City 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. 3

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Silman City Mo DATE OF BURIAL Nov 20 1931

20. UNDERTAKER W. D. Haines ADDRESS Silman City 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, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DEC 22 1931

