

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

Do not use this space.

**1. PLACE OF DEATH**

County McDonald  
Township Rushway  
City Rocky Comfort

Registration District No. 1167  
Primary Registration District No. 3-699

File No. 13173  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elizabeth Jane 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 80 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3<sup>rd</sup> 1843

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.  
89      3      27

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

9. BIRTHPLACE (CITY OR TOWN) Nashville  
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER James Barr

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

12. MAIDEN NAME OF MOTHER Susan Taylor

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

14. INFORMANT Joe Antlo  
(Address) Harrison mo

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) \_\_\_\_\_ 19 \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from April 1<sup>st</sup> 1932, to April 30 1932, that I last saw her alive on 30 of April, 1932, and that death occurred, on the date stated above, at 11:00 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia  
105A  
\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) ①  
\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) D. N. Dabbs M.D.  
, 19 \_\_\_\_\_ (Address) Rocky Comfort 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 Nashville Cemetery DATE OF BURIAL 5/1 1932

20. UNDERTAKER Estling M. Dumas ADDRESS Fairview

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.

JUN 2 1932

