

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

Do not use this space.

18897

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
 1 Township " " Primary Registration District No. 3009
 8 City " " (No. St. Francis Hospital St. _____ Ward)

2. FULL NAME Catharine M 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED WIFE OF (OR) WIFE OF Raymond Ford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 - 1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 1 24
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Shampan, Ia. Ill.

MOTHER FATHER 13. NAME John F. Rodgers

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

15. MAIDEN NAME Margaret, Connolly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Raymond Ford (ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemetery DATE June 12, 1932

19. UNDERTAKER Larberg Funeral and Co (ADDRESS) Cape Girardeau

20. FILED 6/11 1932 W. H. H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

22. I HEREBY CERTIFY That I attended deceased from June 6, 1932 to June 10, 1932

I last saw him alive on June 10, 1932 Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

Peritonitis following ruptured abdominal ovary. Date of onset 1398

Other contributory causes of importance:

Name of operation Removal of ovary & appendix Date of operation June 6, 1932
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

(Signed) W. H. H. H. M. D.
 (Address) Cape Girardeau, 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.

JUL 22 1932

Was this a per-
sual case?

1-6-33

No.

Quintus
/

Dr W. F. Chouinard.

Dr. JAMES STEWART,
SPECIAL AGENT.

JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

125 #2 18897,

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Catherine H. Ford 134

Who died at Cape Girardeau, Mo. on June 11, 1932
(City) (County) (Date)

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) _____ 139

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Peritonitis following abscess ovary

Other contributory causes of importance _____

Name of operation Removal ovary Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.