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

Do not use this space.

4110

MAR 2 1935

1. PLACE OF DEATH

County: Texas — Registration District No.: 1043 — File No.:

Township: Ozark — Primary Registration District No.: 6141 — Registered No.: 2

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Earnest W Ford

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Mary E Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: Years 65 — Months — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): Jan - 7 - 1935

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Blue Spring Mo.

FATHER

13. NAME: Ford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Clyde Ford Lukon Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Blue Spring DATE: Jan - 8 - 1935

19. UNDERTAKER (ADDRESS): G. V. Elliott Houston Mo.

20. FILED 1 - 8 - 1935 Mrs F M Willhite Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan - 7 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan - 2, 1935, to Jan - 7 - 1935

Last saw him alive on 1 - 7, 1935. Death is said to have occurred on the date stated above, at 6 p.m.

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

	Date of onset
from drinking Blue ~~Vitr~~ Vitriol with suicidal intent	

Other contributory causes of importance:

Name of operation ..... Date of .....

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) J R Womack, M. D.

(Address) Houston Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.