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.

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

MAR 26 1935

Do not use this space.

7 15

5674

1. PLACE OF DEATH
County Jackson
Township Prairie
City ~~Little Blue~~ (No. J C Home St. Ward)
Registration District No. 400
Primary Registration District No. 5553 B
File No.
Registered No. 37

2. FULL NAME Thomas B. Ford
(a) Residence, No. J C Home 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 14-1849

7. AGE: 85 YEARS, 1 MONTHS, 17 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Mo.

FATHER
13. NAME: T. B. Ford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Elizabeth Parcells
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs T Ford 3242 Spruce

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Washington DATE: Feb 6 1935

19. UNDERTAKER (ADDRESS): Kettler K C Mo.

20. FILED Feb. 6 1935 William L. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Feb 3, 1935
I last saw him alive on 2-1, 1935. Death is said to have occurred on the date stated above, at 7 15 p.m.
The principal cause of death and related causes of importance were as follows:

Senile debility

Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) J. H. Greene, M. D.
(Address) Independence Mo