

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

Do not use this space.

23382

AUG 16 1935

1. PLACE OF DEATH

County Jasper

Registration District No. 408

Township.....

Primary Registration District No. 3020

City Carthage

(No.....)

St.....

Ward.....

File No.....

Registered No.....

2. FULL NAME Miriam Abbey Ford

(a) Residence, No..... St.,..... Ward.....

(Usual place of abode)

Golden City, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

1 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)

Widowed

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

George Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1860

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

75

4

23

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year).....

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

12. BIRTHPLACE (CITY OR TOWN) Primrose, Dane Co., Wisconsin
(STATE OR COUNTRY)

FATHER

13. NAME

H. S. Chandler

MOTHER

14. BIRTHPLACE (CITY OR TOWN) We think in Wisconsin
(STATE OR COUNTRY)

15. MAIDEN NAME Miriam Abbey

16. BIRTHPLACE (CITY OR TOWN) We think in Wisconsin
(STATE OR COUNTRY)

17. INFORMANT Mrs. J. B. Murray
(ADDRESS) R2, Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Golden City, Mo DATE July 7th, 1935

19. UNDERTAKER L. A. Phillips
(ADDRESS) Golden City, Mo.

20. FILED July 4, 1935 S. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935 to July 4, 1935

I last saw her alive on July 4, 1935 Death is said

to have occurred on the date stated above, at 10:45 a.m.

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

Coronary Thrombosis

Date of onset

Other contributory causes of importance

Chronic Myocardial insufficiency

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? 2A)

If so, specify.....

(Signed).....

Lloyd B. Clinton M. D.
Carthage Mo

(Address).....

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

