

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

Do not use this space.

38322

1. PLACE OF DEATH

County Sullivan
Township Polk
City Milan (No. St. Ward)

Registration District No. 853
Primary Registration District No. 6120

File No.
Registered No.

2. FULL NAME

William Alexander Ford

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1884

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>51</u> | <u>5</u> | <u>13</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Section Sawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

13. NAME William Thomas Ford

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

15. MAIDEN NAME Lydian L. Williams

16. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

17. INFORMANT Mrs. Leo Durdle
(ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Cabarrus Cem. Milan DATE Nov. 26, 1935

19. UNDERTAKER C. A. Schoen
(ADDRESS) Milan, Mo.

20. FILED Dec. 5, 1935 Cleo Hagan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935, to Nov. 24, 1935

I last saw him alive on Nov 24, 1935. Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

mitral aortic regurgitation 11-15-35

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? No

If so, specify W. Simpson, D.O., M. D.
(Signed) W. Simpson

(Address) Milan, 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.

