

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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**

Do not use this space.

JUN 24 1936

20253

1. PLACE OF DEATH

County Reynolds

Registration District No. 651

Township Haystack

Primary Registration District No. 0-862

City Little Prairie (No. _____)

St. _____ Ward _____

File No. _____

Registered No. 66

2. FULL NAME Ernestine 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 1 yrs. 2 mos. 6 ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-15-1935</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>2</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>infant</u>	
	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) <u>North</u>		
FATHER	13. NAME <u>Joshua Ford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Caldwat</u>	
MOTHER	15. MAIDEN NAME <u>Emma Beckner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saint Pleasant</u>	
17. INFORMANT <u>Joshua Ford</u>		
(ADDRESS) <u>Haystack, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Wagon City</u>	<u>5-22-36</u>	
19. UNDERTAKER <u>Wm. J. Smith</u>		
(ADDRESS) <u>Haystack, Mo.</u>		
20. FILED <u>May 21 1936</u> <u>Ada Martin</u>		
Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/20 1936 to 5/21 1936

I last saw her alive on 5/20 1936 Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Date of onset _____

Other contributory causes of importance: 11/11/35

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 See Dr. Phillip

(Signed) _____ M. D.

(Address) Carnethersville, Mo.

