OCT 21 1936

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

Do not use this space.

48991

1. PLACE OF DEATH
County Holt
Township Hickory
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 375
Primary Registration District No. 5522

File No. .....
Registered No. .....

2. FULL NAME Berlin Junior 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 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19 1936

7. AGE YEARS MONTHS DAYS Still born child
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. —
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) Holt Co Mo

FATHER
13. NAME Berlin Ford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest City Mo

MOTHER
15. MAIDEN NAME Nellie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forbes Mo

17. INFORMANT (ADDRESS) Berlin Ford Oregon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest City Mo DATE Sept. 19 1936

19. UNDERTAKER (ADDRESS) none

20. FILED Sept. 19 1936 Edith Lent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1936

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19....., to ✓, 19.....
I last saw h. ✓ alive on ✓, 19✓ Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Sill born because Eclampsia in Mother

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) F. E. Hogan, M. D.
(Address) Mound City Mo

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.

V. S. F. 100M-11-24-2