

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Chariton 21
Township Brunswick
City Brunswick (No. _____)

Registration District No. 169
Primary Registration District No. 4098

File No. 11561
Registered No. 17
St. _____ Ward _____

2. FULL NAME ELIZABETH 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) McK 17 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to March 16, 1937. I last saw her alive on March 16, 1937. Death is said to have occurred on the date stated above, at 7:40 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-19-1904

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 32 7 28

Eclampsia, Nephritis acute Date of onset _____

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

Other contributory causes of importance: Gygnary

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo.

13. NAME John Moorehead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Witt Mo.

15. MAIDEN NAME Bleach Outlaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo.

17. INFORMANT Waldo Ford (ADDRESS) Brunswick Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo. DATE McK 1937

19. UNDERTAKER L. Weisul (ADDRESS) Brunswick Mo.

20. FILED McK 18 1937 Henry E. Fature Registrar.

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 _____, 1937

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. L. Felt DO _____
(Address) Brunswick Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

