

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

Do not use this space.

**MAY 20 1937**

**16469**

1. PLACE OF DEATH  
 4<sup>th</sup> County Henry Registration District No. 347  
 Township Clinton Primary Registration District No. 5488  
 City Clinton (No. P.P. ....) St. .... Ward .....

2. FULL NAME Nathan 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
65 9 0

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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 wife

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Le Cleve, Co. Mo  
 13. NAME Wright Ford  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER  
 15. MAIDEN NAME Martha Griffith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Frank Ford (ADDRESS) Clinton, Mo  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Borath DATE 4-11 1937  
 19. UNDERTAKER Ed Wilkinson (ADDRESS) Clinton, Mo  
 20. FILED 4-13 1937 J. R. Hambleton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Death when I saw him  
 I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:15 A.M.  
 The principal cause of death and related causes of importance were as follows:  
I would say coronary thrombosis  
 Date of onset .....

Other contributory causes of importance:  
94/12

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) J. R. Hambleton M. D.  
 (Address) Clinton

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.

