

JUN 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County Warren

Registration District No. 881

File No. 21604

Township

Primary Registration District No. 4534

Registered No. 22

City Warrenton (No. _____)

St. _____ Ward _____

2. FULL NAME Ford William Backs

(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.

_____ yrs. _____ mos. _____ ds.

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

_____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1937

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

I HEREBY CERTIFY, That I attended deceased from Nov 5 1937, to May 12 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1860

I last saw him alive on May 12 1937. Death is said to have occurred on the date stated above, at 8:40 a.m.

7. AGE YEARS 77 MONTHS 4 DAYS 11 IF LESS than 1 day, _____ hrs. or _____ min.

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

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

Senility myocarditis Date of onset !

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 _____

Other contributory causes of importance: Broncho pneumonia 5/10/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Warrenton, Oregon

13. NAME William Backs

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

15. MAIDEN NAME Carolina Backs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Roy Knipfing (ADDRESS) W. Warrenton, Ore.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Warrenton, Ore. DATE 5/15 1937

19. UNDERTAKER F.W. Johnson (ADDRESS) W. Warrenton, Ore.

20. FILED May 15, 1937 A.W. Wheeler Registrar

Name of operation none Date of _____

What test confirmed diagnosis? none 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 _____ (Signed) Charles L. Greer, M. D.

(Address) Warrenton, Ore.

Every item of information should be carefully supplied. A fee should be stated near C-12. F-12 CLAIMS amount state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

