AUG 18 1937

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

Do not use this space.

File No. 26547
Registered No. 10

1. PLACE OF DEATH

County Andrew, Registration District No. 16
Township Rochester, Primary Registration District No. 5020
City (No. 3½ Mi. N. W. Rochester, Mo. St. Ward)

2. FULL NAME Fred Decatur Ford,

(a) Residence, No. 3½ Mi. N. W. Rochester, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 43 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*): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9th. 1878

7. AGE: Years 58 | Months 7 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

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. Farm
10. Date deceased last worked at this occupation (month and year) July 1937
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk City, Iowa,

FATHER

13. NAME Henry Ford,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville, Missouri,

MOTHER

15. MAIDEN NAME Susanna Warden,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk City, Iowa,

17. INFORMANT Mrs Fred D. Ford
(ADDRESS) R.F.D. # 5, Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Helena, Mo. DATE July 16th 37

19. UNDERTAKER Frank A. Bowman
(ADDRESS) Savannah, Mo.

20. FILED July 14, 1937 Lora E. Frank
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th, 1937

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 2:35 p.m.

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

	Date of onset
Angina Pectoris	(unknown)

Other contributory causes of importance:

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 .....

(Signed) James H. Nichols, M. D.O. Coroner
(Address) Helena, Mo.

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.