

JAN 15 1938

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

Do not use this space.

2
1

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia

Registration District No. 73
Primary Registration District No. 3006

File No. 44693
Registered No. 282

2. FULL NAME

(a) Residence, No. 3103 East Oak St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Ford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-6-1893</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>2</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rock quarry laborer</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>
	10. Date deceased last worked at this occupation (month and year) <u>Dec 29 1937</u>	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) <u>Columbia</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Joseph Ford</u>	14. BIRTHPLACE (CITY OR TOWN) <u>Columbia</u> (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Ells Jackson</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Columbia</u> (STATE OR COUNTRY) <u>Missouri</u>	
	17. INFORMANT (ADDRESS) <u>Florence Ford</u> <u>Columbia Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Logansville</u> DATE <u>12-29</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Stear P. Carter</u> <u>Columbia Mo.</u>		
20. FILED <u>12/29/1937</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 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 8 P. m.

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

Heart Rest,
Rt. S + Hyp. Dis. as
accident death

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? accident Date of injury Dec 22, 1937

Where did injury occur? North of Fellow Run
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto collision

Nature of injury Broken Hip + Rt.

24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify _____

(Signed) M. J. Jackson Coroner
(Address) 20 N 9 St

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.

