

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH  
98 County Schuyler Registration District No. 807  
Township Chariton Primary Registration District No. 603-2  
City (No. ) St. Ward

File No. 46863  
Registered No.

21

2. FULL NAME George W. Ford  
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 63 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Lucas Ford  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1853  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 11 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25, 1937  
22. I HEREBY CERTIFY That I attended deceased from Oct, 1937, to Dec, 1937  
I last saw him alive on Dec-24, 1937. Death is said to have occurred on the date stated above, at 8 A m.  
The principal cause of death and related causes of importance were as follows:

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  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co Iowa  
MOTHER FATHER  
13. NAME James H. Ford  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Catherine Brant  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
17. INFORMANT (ADDRESS) Mr. Tony Ford  
Cottsville  
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Home DATE 12/26, 1937  
19. UNDERTAKER (ADDRESS) True, morehead  
Lansinger  
20. FILED 12-30, 1937 Clayton Registrar.

Myocarditis  
Complications of death.  
Date of onset  
Other contributory causes of importance:  
9381  
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) P. Hart, M. D.  
(Address) Cottsville Mo.

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.

