

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

Do not use this space.

REC'D APR 18 1938

**1. PLACE OF DEATH**

County *Butler*  
 Township *St. Francis*  
 City (No. ....) .....

Registration District No. *990*  
 Primary Registration District No. *5-133*

File No. *10285*  
 Registered No. *3* .....

**2. FULL NAME**

*Wilson Francis Ford* *630*  
 (a) Residence, No. *7 1/2 mi. N.E. Paplar Bluffs mo.* 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. 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)** *single*

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** *Baby*

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *Mar 16 1938*

**7. AGE** YEARS MONTHS DAYS **If LESS than 1 day, .... hrs. or .... min.**

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

**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)** *Butler Co mo.*

**13. NAME** *Wilson F. Ford*

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Reynolds Co mo*

**15. MAIDEN NAME** *Jennie Graham*

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Reynolds Co mo*

**17. INFORMANT (ADDRESS)** *Wilson F. Ford*  
*R 3 Paplar Bluffs mo*

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE *Dowley cem* DATE *Mar 20 1938*

**19. UNDERTAKER (ADDRESS)** *W. T. Phillips*  
*Paplar Bluffs mo*

**20. FILED** *Mar 28 1938* *W. T. Phillips* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *Mar 19 1938*

**22. I HEREBY CERTIFY, That I attended deceased from** .....

I last saw h. .... alive on ....., 19 .....

Death is said to have occurred on the date stated above, at *7 a. m.*

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

*Premature*

Other contributory causes of importance:

*8 mths*

Name of operation .....

What test confirmed diagnosis? .....

**23. If death was due to external causes (violence), fill in also the following:**

Accident, suicide, or homicide? .....

Where did injury occur? .....

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. W. Green* M. D.

*95* (Address) *Paplar Bluffs mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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