

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

Do not use this space.

REC'D MAY 23 1938

15262

1. PLACE OF DEATH

County Mason
 Township Mason
 City Kansuhal

Registration District No. 547
 Primary Registration District No. 3079
 (No. Emergency Hospital)

File No. _____
 Registered No. 120
 St. _____ Ward _____

2. FULL NAME

Robert F. Ford 130

(a) Residence, No. New London Mo St., _____ Ward.

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 5 7

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) Mo

13. NAME T. Thornton Ford

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

15. MAIDEN NAME Elizabeth Morris

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

17. INFORMANT Mrs. Clara Ford

18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Lick Cem. DATE 3/18/38 19.

19. UNDERTAKER James Colwell

(ADDRESS) Kansuhal Mo

20. FILED Apr 20 1938 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1938

I HEREBY CERTIFY, That I attended deceased from Jan 1938 to Mar 17, 1938
 I last saw him alive on Mar 17, 1938 Death is said to have occurred on the date stated above, at 1:30 m.
 The principal cause of death and related causes of importance were as follows:

Suppurated fracture
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Other contributory causes of importance:
Chronic myocarditis
Chronic nephritis
 Name of operation Suprapubic Date of _____
 What test confirmed diagnosis? Chen Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) J. H. Kerburn, M. D.
 (Address) 1021 B. Hwy. Mansfield 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 if it is important.

