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.

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Lafayette
Township Lexington
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 461
Primary Registration District No. 3024
562-5

File No. 18689
Registered No. 36

2. FULL NAME Minnie Flemming Ford 630

(a) Residence, No. ..... St., ... 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: Fe
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William A. Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May, 7, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	11	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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): Ft Worth, Texas

FATHER
13. NAME: George Flemming
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Catherine Gaines
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette, Co., Mo

17. INFORMANT (ADDRESS): William A. Ford, Lexington, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo DATE May, 3, 1938

19. UNDERTAKER (ADDRESS): Winkler, Lexington, Mo

20. FILED May 3 1938 Faye B. Bates, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May, 1, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1938, to May 1, 1938
I last saw her alive on April 30, 1938. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Regur. 92a
Myocardial Insuf.

Other contributory causes of importance:

Pul-Diaphragmatic Neoplasm
Secondary Anemia

Name of operation none Date of .....
What test confirmed diagnosis? P. E. & Blood Exam. 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) G. B. West, M. D.
(Address) Lexington, Mo

41 c