

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.

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

Do not use this space.

REC'D AUG 23 1938

1. PLACE OF DEATH

County Stoddard
 Township Jike
 City Painton (No.)

Registration District No. 834
 Primary Registration District No. 6097

File No. 26676
 Registered No. 22
 St. Ward)

2. FULL NAME

(a) Residence, No. Albert H. Ford St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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 Nannie Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/27, 1883

7. AGE 55 YEARS 4 MONTHS 13 DAYS If LESS than 1 day, hrs. or min.

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

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) Marble Hill, Mo.

MOTHER 13. NAME Elizabeth Ford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill, Mo.

15. MAIDEN NAME Not known

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

17. INFORMANT Mrs. Nannie Ford (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Perkins DATE 8/12 1938

19. UNDERTAKER (ADDRESS) BISPLINGHOFF AND HUBBARD

20. FILED 8/26 19 B. S. McKeel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/20, 1938 to 8/10, 1938

I last saw him alive on 8/10, 1938. Death is said to have occurred on the date stated above, at 1:15 P.M.

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

A general Catarrhal condition of both lungs of six months duration

Date of onset

Other contributory causes of importance: 106B

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? 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) T. O. Bennett, M. D.

(Address) Bell City, Mo.

Magee