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 MAR 21 1939

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

Do not use this space.

7358

1. PLACE OF DEATH
County Maryville, Nodaway — Registration District No. 625
Township Nodaway Co. — Primary Registration District No. 3031
City Maryville, Mo. (No. St. Francis Hospital St. ..... Ward)
630

File No. .....
Registered No. 31

2. FULL NAME Judith Catherine Ford
(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. 18 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1939
7. AGE: Premature (6 mo.) — YEARS — MONTHS — DAYS — If LESS than 1 day, 18 hrs. or ..... min.

OCCUPATION
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) St. Francis Hospital Maryville, Mo.

FATHER
13. NAME Mr Leo J. Ford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lenox, Taylor Co. Iowa

MOTHER
15. MAIDEN NAME Myrtle Leach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lenox, Taylor Iowa

17. INFORMANT (ADDRESS) Address now Lenox Iowa
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Patrick DATE 3-1 1939
19. UNDERTAKER (ADDRESS) Cummings Funn Co Maryville Mo
20. FILED 3-1 1939 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1939, to 2-28, 1939
I last saw her alive on 2-27, 1939. 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:

	Date of onset
Prematurity 6 mo	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Clinical 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 none
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. M. Boyles, M. D.
556 (Address) Conception Junct. Mo.

RECEIVED
District Health Officer No. 11,
District File Number 11-39-143
Date Filed MAR