

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

19558
Do not use this space.

REC'D JUN 22 1939

1. PLACE OF DEATH
(a) County Randolph Registration District No. 735
(b) Township _____ Primary Registration District No. 3034 Registered No. 96
(c) City Moberly, Mo. (d) Street No. 907 1/2 Hick Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucas C. Ford
(a) Residence, No. 107 Hick Ave St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Laverne Ford (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEP-13-1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>0</u>	<u>24</u>	

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

9. Industry or business in which work was done, as 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) Randolph Spg. Mo.

13. NAME Phillip Laverne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Spg. Mo.

15. MAIDEN NAME Mary White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Spg. Mo.

17. INFORMANT Mrs. Gertrude Faith (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Oakland DATE 5-10 1939

19. FUNERAL DIRECTOR (NAME) Green & Sons (ADDRESS) 311 N. 5th Street

20. FILED May 10 1939 Leah Williamson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1939

22. I HEREBY CERTIFY, That I attended deceased from April 2 1939 to May 7 1939. I last saw her alive on May 6 1939. Death is said to have occurred on the date stated above, at 6:20 a.m. The principal cause of death and related causes of importance were as follows:
Myocarditis
arterial hypertension

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) R. E. Huber, M. D.
(Address) Moberly, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-29-1011

Date Filed JUN-10-1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

William Tunley

Licensed Embalmer No.

3105

P. O. Address

311 North 5th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.