

REC'D OCT 12 1939

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

32532  
Do not use this space.

1. PLACE OF DEATH

(a) County Howell <sup>3</sup> Registration District No. 384  
 (b) Township West Plains <sup>2</sup> Primary Registration District No. 4227  
 (c) City West Plains (d) Street No. \_\_\_\_\_ 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

Lee Ford  
 (a) Residence, No. 630 Bee Branch, Arkansas St.  Bee Branch, Ark  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 15th, 1922  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 8 17 \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
 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) Aug. 25th, 1939 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren County Arkansas

FATHER 13. NAME Neul Ford  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren County Arkansas

MOTHER 15. MAIDEN NAME Bessie Ledbetter  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren County Arkansas

17. INFORMANT (ADDRESS) Neul Ford Bee Branch, Arkansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Quattlebaum cemetery 9/4 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) near Bee Branch, Ark J.A. Pence & Son Conway, Arkansas

20. FILED 9/21 1939 Vida M. SIMMONS Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 19 39

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:45 A.M.

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

Hemorrhage & shock Date of onset \_\_\_\_\_

Other contributory causes of importance: Traumatic amputation of left leg at knee joint,

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. accident Date of injury 9/21, 19 39

Where did injury occur? West Plains, Mo (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell from tree  
 Nature of injury traumatic hemorrhage

24. Was disease or injury in any way related to occupation? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) H. H. H. H. M. D.  
 (Address) West Plains, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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FORM-1-12-38 I X14023

**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.

District Health Officer No. 5,

Signed.....

District File Number 1039253

Licensed Embalmer No. ....

Date Filed 10 2 39

P. O. Address.....

**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.**