

date of birth?

FILED FEB 7 1940

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

3325
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township Primary Registration District No. 9039 Registered No. 20
(c) or City Sedalia (d) Street No. 1901 West 2nd BOTHWELL HOSPITAL 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 630 Infant Daughter of Edward G. Ford

(a) Residence, No. 1901 West 2nd St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	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) <u>JAN. 16, 1940</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	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)	<u>Sedalia Mo.</u>	
FATHER	13. NAME <u>Edward G. Ford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Agnes Crawford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)	<u>Roy V. Ford Sedalia, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Crown Hill DATE Jan. 18, 1940</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>Gillespie Funeral Home Sedalia, Mo.</u>	
20. FILED	<u>Jan 18 1940 Mrs Harry Sneed Special Registrar.</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1940

22. I HEREBY CERTIFY, that I attended deceased from June 16 1940 to June 17 1940
I last saw her alive on June 16 1940. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:
Premature birth at 7 mo. Cause & general condition unknown. Immediate cause probably cerebral hemorrhage, as post mortem

Other contributory causes of importance:
None

Name of operation None Date of None
What test confirmed diagnosis? Culture 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 None, 19 None
Where did injury occur? Bed, both wings (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Chas. S. Sneed, M. D.
(Address) Sedalia, Mo.

Date of onset
Jan 12 1940

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/7/40

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.....

Licensed Embalmer No.....

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.