

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

Do not use this space.

32845

**1. PLACE OF DEATH**

County Henry Registration District No. 347  
 Township Clinton Primary Registration District No. 3018  
 City Clinton (No. 301 West Allen St. 3 Ward)

**2. FULL NAME**

Rebecca Anne Ford  
 (a) Residence, No. 301 West Allen St. 3 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. ds. 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-1925  
 7. AGE YEARS 8 MONTHS 10 DAYS 10 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dependent  
 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) Clinton (STATE OR COUNTRY) Missouri

FATHER 13. NAME Earl Ford

FATHER 14. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Daisy Tersey

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

17. INFORMANT Earl Ford (ADDRESS) Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 10-3-33

19. UNDERTAKER Signs Funeral Home (ADDRESS) Clinton, Mo.

20. FILED 10 | 3 19 33 Ed C. Peeler Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 19 33

22. I HEREBY CERTIFY That I attended deceased from Sept 25 1933 to Oct 1 1933  
 I last saw her alive on Oct 1 1933 Death is said to have occurred on the date stated above, at 10 P m.  
 The principal cause of death and related causes of importance were as follows:

Scarlet Fever Date of onset

Other contributory causes of importance: no

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? no Date of injury 10-3-33  
 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) Joseph A. Trague, M. D.  
 (Address) Clinton, 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.

