

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

Do not use this space.

36317

**1. PLACE OF DEATH**

County HENRY  
Township Fairview  
City Deepwater Mo. (No. ....)

Registration District No. 361  
Primary Registration District No. 3492

File No. ....  
Registered No. 2K  
St. .... Ward)

**2. FULL NAME** Nellie E. 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. 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) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 1 10

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

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) Deepwater MO  
(STATE OR COUNTRY)

13. NAME Ed Thomas

14. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary E. Hurst

16. BIRTHPLACE (CITY OR TOWN) Kansas  
(STATE OR COUNTRY)

17. INFORMANT Mrs. S. Noah Dunning  
(ADDRESS) Deepwater, MO

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Albert Dunning DATE 11-18-33

19. UNDERTAKER Tom Hurst  
(ADDRESS) Deepwater, MO

20. FILED Nov 18 1933 J. J. Russell  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1933

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 12 P. m.

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

Fell dead. Date of onset

Other contributory causes of importance: Believed to be fright. Husband was called with hopes few minutes same back, she had fallen dead

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?..... 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) J. J. Russell M. D.

(Address) Deepwater 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.

