

APR 18 1936

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

Do not use this space.

10305

1. PLACE OF DEATH Henry

County.....

Registration District No. 14

Township.....

Primary Registration District No. 4211City Windsor, Mo.

(No.)

File No.

Registered No. 9

St. Ward)

2. FULL NAME Virginia Catherine Ford(a) Residence, No. 108 S. Windsor

St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. B. Ford6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>8</u>	<u>28</u>	

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

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) (STATE OR COUNTRY) Missouri13. NAME James Slack14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Caroline Humphries16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mr. T. Ford
(ADDRESS) Baltimore, Md.18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun, Mo. DATE MAR. 24-36,19. UNDERTAKER Huston-Turner
(ADDRESS) Windsor, Missouri20. FILED 3-23 1936 J. A. Blackmore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21-36, 1922. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1936, to March 21, 1936I last saw her alive on March 21, 1936. Death is saidto have occurred on the date stated above, at 7:30 pm

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

Croupous Pneumonia

Date of onset

3-20-36

Other contributory causes of importance:

Influenza3-14-36

Name of operation..... 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?..... 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? No

If so, specify.....

(Signed) J. A. Blackmore, M. D.(Address) Windsor, Mo.

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.

