

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

Do not use this space.

**1. PLACE OF DEATH**

County Franklin  
Township Independence  
City ..... (No. .....)

Registration District No. 288  
Primary Registration District No. 4172  
5406

File No. 36447  
Registered No. .....  
St. ..... Ward .....

**2. FULL NAME** Latter See Ford

(a) Residence. No. ..... St. ..... Ward. .....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Joe Ford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-1st, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
23 0 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Kennett, MO-  
(STATE OR COUNTRY)

10. NAME OF FATHER W. H. GEE

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY) Texas -

12. MAIDEN NAME OF MOTHER Maudie Walpole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kennett  
(STATE OR COUNTRY) MO-

14. INFORMANT Joe Ford  
(Address) Kennett, MO-

15. FILED Jan 12, 1928 E. L. Spence  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-25<sup>o</sup> 1927

17. I HEREBY CERTIFY, That I attended deceased from 12/25, 1927, to 12/25, 1927, that I last saw h. ..... alive on ....., 1927, and that death occurred, on the date stated above, at 7-30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Suppurative Ecthyma

CONTRIBUTORY (SECONDARY) 148  
(duration) ..... yrs. ..... mos. 1/2 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, .....

Did an OPERATION PRECEDE DEATH, ..... DATE OF .....

WAS THERE AN AUTOPSY, .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) James J. Brown, M. D.  
1/4, 1928 (Address) Kennett Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cambridge Cemetery DATE OF BURIAL 12-28<sup>th</sup> 1927

20. UNDERTAKER Baldwin ADDRESS Kennett Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every item of information should be carefully supplied.

1928

MAR 9: 1943