

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

Do not use this space.

1. PLACE OF DEATH

4 County Andrew Registration District No. 26
 4 Township Sullivan Primary Registration District No. 3002
 7 City Mexico mo (No.) St. Ward)

File No. 31340
 Registered No. 123

2. FULL NAME

Sarah Jane Ford
 (a) Residence. No. 415 Woodlawn 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31 - 1858

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
74 | 2 | 28 | 93

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Plattsmouth Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER James Huggard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton County Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martina Patton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Independence Mo
 (STATE OR COUNTRY)

14. INFORMANT A. R. Dallmeyer
 (Address) Mexico, Mo.

15. Oct 29 - 1932 Ira S. Milligan
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 1932

I HEREBY CERTIFY That I attended deceased from Jan 18, 1932, to Oct 28, 1932
 that I last saw him alive on Oct 28, 1932, and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Cerebral hemorrhage

CONTRIBUTORY (SECONDARY) 93 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF 10/29

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
 (Signed) H. A. Prudt M. D.

10/29, 1932 (Address) Mexico 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 Liberty, Mo. DATE OF BURIAL Oct 30 1932

20. UNDERTAKER H. A. Prudt & Son ADDRESS Mexico, Mo

N. E.—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.

NOV 22 1932

