

FEB 17 1937

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

Do not use this space.

1898

1. PLACE OF DEATH

County Jasper  
Township Sarcoxie  
City Sarcoxie (No. 2)

Registration District No. 416  
Primary Registration District No. 4248

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Albert O. 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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1880

7. AGE YEARS 56 MONTHS - DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29  
10. Date deceased last worked at this occupation (month and year) 1/31  
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Wentworth R.F.D. (STATE OR COUNTRY) Mo

13. NAME William Ford

14. BIRTHPLACE (CITY OR TOWN) Wentworth R.F.D. (STATE OR COUNTRY) Mo

15. MAIDEN NAME Francis Standley

16. BIRTHPLACE (CITY OR TOWN) Wentworth R.F.D. (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Anna Ford  
Sarcoxie Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcoxie Cem DATE 1/15 37

19. UNDERTAKER (ADDRESS) Engelke Funeral Home  
Sarcoxie Mo

20. FILED 1/12 1937 Leroy Simmons  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1937

I HEREBY CERTIFY that I attended deceased from Jan 1 1937 to Jan 12 1937  
I last saw him alive on Jan 11 1937. Death is said to have occurred on the date stated above, at 5:00 p. m.  
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  
Influenza  
Date of onset 1/7 37

Name of operation none 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) Leroy Simmons M. D.  
(Address) Sarcoxie, 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.

