

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

42934
Do not use this space.

1. PLACE OF DEATH
 (a) County Callaway 3 Registration District No. 104
 (b) Township Fulton 1 Primary Registration District No. 3008 Registered No. 345
 (c) City Fulton (d) Street No. State Hospital #1 St.
 (If death occurred in Hospital or Institution write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 8 mos 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John W. Ford
 (a) Residence, No. Little Blue, Jackson County, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28th 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>74</u>	<u>74</u>	<u>10</u>	<u>-</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 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) Illinois

FATHER
 13. NAME Jackson Ford
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

MOTHER
 15. MAIDEN NAME Kate Parish
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) State Hosp #1 record, Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Md DATE Jan 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. O. Roberts, Columbia Md

20. FILED Jan 2 1939 P. N. Creeve Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28th 1939

22. HEREBY CERTIFY, That I attended deceased from April 13 1938, to Dec 26th 1939
 I last saw him alive on Dec 20th 1939. Death is said to have occurred on the date stated above, at 1:30 pm.
 The principal cause of death and related causes of importance were as follows:
Ca of Liver
 Other contributory causes of importance: hypertension, dehydration

Name of operation _____ Date of _____
 What test confirmed diagnosis Phys Exam Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) Geo. J. Wood M. D.
 (Address) State Hospital, Fulton 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.