

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

Do not use this space.

22511

**1. PLACE OF DEATH**

County St. Charles Registration District No. 756 File No. \_\_\_\_\_  
 Township Parkway des Saunier Primary Registration District No. 5-994 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 706 St. Louis Road St. \_\_\_\_\_ Ward E. Altus 9el  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 - 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	26	10	29	

8. OCCUPATION OF DECEASED 20<sup>th</sup> Laborer  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer) Not Employed  
 (c) Name of employer

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

10. NAME OF FATHER John A. Ford

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

12. MAIDEN NAME OF MOTHER Maggie Buchanan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bush Grove  
 (STATE OR COUNTRY) Ind.

14. INFORMANT John A. Ford Jr.  
 (Address) 706 E. St. Louis Ave. E. Altus, Mo.

15. FILED June 22, 1931 Rose Barnard  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1931

17. I HEREBY CERTIFY That I attended deceased from April 1931,  
 that I last saw him alive on July 18, 1931, and that death occurred, on the date stated above, at 3:00 p.m.

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

From fractured skull due to being struck by a passing train while he was sleeping on the

CONTRIBUTORY (SECONDARY) C. B. & O. Tracks  
3 miles south of Mackinac  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH None

DID AN OPERATION PRECEDE DEATH? None DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) F. B. Ziegler Coroner, M. D.

(Address) St. Charles, 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 Milton Cemetery DATE OF BURIAL June 20 1931

20. UNDERTAKER B. Steeper ADDRESS Altus 9el.

JUL 20 1931

