

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

Do not use this space.

20948

1. PLACE OF DEATH

City St. Louis, Mo. (No. Ambulance enroute City Hospital)
 County..... Registration District No. 781
 Township..... Primary Registration District No. 1008

File No.....
 Registered No. 5444 Ward)

2. FULL NAME Lark L. Ford,

(a) Residence, No. 8300 Vulcan St. 1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13, 1884</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>1</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>23</u>		
10. Date deceased last worked at this occupation (month and year).....		

12. BIRTHPLACE (CITY OR TOWN) Fulton,
 (STATE OR COUNTRY) Missouri

13. NAME Wm. C. Ford

14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Belle Swerigrin

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) SI

17. INFORMANT Virgil V Ford
 (ADDRESS) 8300 Vulcan

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Mathews DATE June 8, 1932

19. UNDERTAKER Southern Undertaking Co
 (ADDRESS) 6320 of Frank Blvd

20. FILED May 27 1932
W. C. Starkey
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:
Haemorrhage of Pons
(non-traumatic)
of 27

Other contributory causes of importance:
J. W. Kerner
 Date of onset (7)

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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 No Injury
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

Signed J. W. Kerner
 (Address) Dep. Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

