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.

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

Do not use this space.

21058

File No.

Registered No. 5561

1. PLACE OF DEATH

County

Township

City St Louis (No. 912 Chambers St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Nora Wolford

(a) Residence, No. 912 Chambers St. St., 26 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1861

7. AGE: YEARS 71 | MONTHS 0 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

186A 194B 936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER

13. NAME Chas Warner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Mattie Wolford 912 Chambers St

18. BURIAL, CREMATION, OR REMOVAL

PLACE De Sota Mo. DATE June 13 1932

19. UNDERTAKER (ADDRESS) Hy Leidner Und Co 1417 N Market St.

20. FILED JUN 13 1932 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

22. I HEREBY CERTIFY That I attended deceased from No Physician in Attendance, 19.., to ....., 19..

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Fractured Hip received in fall in yard at Res. Accident

Date of onset

Other contributory causes of importance:

186C 7

8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 5-23, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fall to ground

Nature of injury Fractured Hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Kerner M.D.

6/11/32 (Address) Dep. Coroner