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

Do not use this space.

21519

File No. 21519

Registered No. 6086

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. [illegible]

City Saint Louis (No. 1710 North Whittier Street St. ..... Ward)

2. FULL NAME Robert Wilford

(a) Residence, No. 1710 North Whittier St. 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED [redacted] (OR) WIFE OF: William Wilford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): about 1892

7. AGE: about 60 YEARS | MONTHS: - | DAYS: - | 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.: Self
10. Date deceased last worked at this occupation (month and year): unk
11. Total time (years) spent in this occupation: unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cadiz Kentucky

FATHER

13. NAME: James Poston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cadiz Kentucky

MOTHER

15. MAIDEN NAME: Cora Coleman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cadiz Kentucky

17. INFORMANT (ADDRESS): John Manning 1710 North Whittier Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cadiz Kentucky DATE: June 30 1932

19. UNDERTAKER (ADDRESS): Charles J. Gates 4107 Finney Avenue

20. FILED: JUN 30 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JUN 27 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to June 27, 1932
I last saw her alive on June 26, 1932. Death is said to have occurred on the date stated above, at 9:40 A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

Other contributory causes of importance: Fibroid of uterus Constipation resulted long irritation

Name of operation X 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? Y Date of injury X, 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify X

(Signed) [illegible], M. D.
(Address) 336 N Newstead

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

MARGIN RESERVED FOR BINDING

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.

U. S. NO. 2