

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

Do not use this space.

37331

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Barnes Hospital)

File No.....
Registered No. 9964
St..... Ward)

2. FULL NAME

Adrian Anthony De Ford

(a) Residence, No. 6309 Julian St., 12 Ward, St. Louis Co. Mo
(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hazel L. De Ford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1 - 1900</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mechanic</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>apex auto Co.</u>
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

MOTHER FATHER 13. NAME Charles De Ford

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

15. MAIDEN NAME Jessie Howard

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

17. INFORMANT Hazel L. De Ford (ADDRESS) 6309 Julian ave

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 11 - 12 19

19. UNDERTAKER Knigshausen, Starnani (ADDRESS) #220 So. Grand Highway

20. FILED NOV 11 1932 Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 - 8, 1932, to 11 - 10, 1932

I last saw h.l.m. alive on 11 - 10, 1932 Death is said to have occurred on the date stated above, at 7:55 Am.

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

Arteriosclerosis
Hypertensive heart
31 Disease
5 Chronic nephritis with
anemia
Other contributory causes of importance:
OB Pericarditis chr.

Name of operation 131 Date of.....
What test confirmed diagnosis? Autopsy 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....

(Signed) Benjamin Linder, M. D.
(Address) BARNES HOSPITAL

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.

