

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

Do not use this space.

37556

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 10233
City St. Louis (No. City, Hospital)

File No.
Registered No. 10231
St. Ward)

14118

2. FULL NAME

James Ford
(a) Residence, No. 1319 No. 19th St., 21 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Katherine Ford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 6 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Missouri

MOTHER FATHER 13. NAME Antonia Ford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 31

15. MAIDEN NAME 6 4

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 6 4

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 21 1932

19. UNDERTAKER (ADDRESS) Arthur J. Rom City Home Co 2019 N. Main St

20. FILED Nov 20 1932 Map C. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18th 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 18th 1932 to Nov. 18th 1932
I last saw him alive on Nov. 18th 1932 Death is said to have occurred on the date stated above, at 9:05 P.M.

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

Epidemic Meningitis (Meningococcus) 11/17/32
18
18
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clin 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 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 (1)

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

(Signed) McCallum M. D.
(Address) City 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.

