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.

NOV 10 1933

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

Do not use this space.

34697

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. ..... File No. .....

City St Louis (No. Deaconess Hosp. St. ..... Ward) Registered No. 8859

2. FULL NAME Isabella Johnstone Ford

(a) Residence, No. 66 Crestwood St., Ward Dr. Clayton 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.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1860

7. AGE YEARS 72 MONTHS 11 DAYS X If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

FATHER

13. NAME Erwin

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

MOTHER

15. MAIDEN NAME Isabella Johnstone

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

17. INFORMANT (ADDRESS) Chester Cook #66 Crestwood Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 10-14-1933

19. UNDERTAKER (ADDRESS) O.R. Lupton & Sons #4449 Olive Street

20. FILED OCT 13 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1933 to Oct. 12, 1933

I last saw her alive on Wed. Oct. 11, 1933 Death is said to have occurred on the date stated above, at 5:00 A.m.

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

	Date of onset
Acute Suppurative Appendicitis	10-5-33
121 B	
59	
93 D	

59

Other contributory causes of importance:
Diabetes. Mellitus
Arteriosclerosis
Myocardosis, Chronic.

Name of operation Appendectomy Date of 10-6-33

What test confirmed diagnosis? Op. 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 .....

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

If so, specify .....

(Signed) Paul Kingsley Webb, M. D.

(Address) Chemical Bldg.

Chestnut 6938
Chemical Bldg
Until 6 pm.