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.

APR 25 1934

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

Do not use this space.

10435

File No. 2241

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1525 N. 8. St. ..... St. ..... Ward)

2. FULL NAME Mary Ford

(a) Residence, No. ..... St., N 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1869

7. AGE: YEARS 65 MONTHS Unknown DAYS ..... 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): Canada

FATHER

13. NAME: Patrick Haley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Mary Curtin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Joseph Ford 1525 N. 8. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE 3/6 1934

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly 3840 Lindell Blvd

20. FILED ..... 1934 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1934 to Mar 3, 1934

I last saw her alive on Mar 3, 1934. Death is said to have occurred on the date stated above, at 7 05 P.m.

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

	Date of onset
Lobar Pneumonia	Mar 1/34
108	

Other contributory causes of importance:

Gastro Enteritis Feb 22 to Mar 3/34

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Wm E Barker, M. D.

(Address) 229 Metropolitan Bldg

St Louis Mo

Dr Wm. [illegible]
Met Bldg.