

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

Do not use this space.

NOV 13 1934

37875

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City**)

File No. ....

Registered No. **10361**

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **3948**  
(Usual place of abode)

**Harry Warford**  
**6 Ward**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **13** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Pearl Warford**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 26 - 1880**

7. AGE YEARS **49** MONTHS **8** DAYS **28** If LESS than 1 day, hrs. or min.

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

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) **Elgin, Illinois**

13. NAME **Charles E. Warford**

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

15. MAIDEN NAME **Fredericka Ramm**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Sheep Inf. M. Kent** (ADDRESS) **City**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Virgil Inf.** DATE **Oct 25 1934**

19. UNDERTAKER **Shepard Funeral Home** (ADDRESS) **1167 1/2 N. Hamilton**

20. FILED **101 25 1934** **J. H. Predeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 24 1934**

22. I HEREBY CERTIFY, That I attended deceased from **10/22**, 19**34** to **10/24**, 19**34**

I last saw **him** alive on **10/24/34** 19**34** Death is said to have occurred on the date stated above, at **5:45** m.

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

**Cause of Gall Bladder and Bile Ducts**

Other contributory causes of importance: **Primary of Gall Bladder**

Name of operation **Exploratory** Date of **?**  
What test confirmed diagnosis? 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? If so, specify...

(Signed) **J. J. Janner**, M. D.  
(Address) **St. Louis #1**

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.

