

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.

FEB 21 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *Saint Louis, Mo.* (No.....)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *2879*
Registered No. *100*
St. Ward)

2. FULL NAME

Epiphaz Annie May Ford
(a) Residence, No. *Saratoga St. Kirkwood, Mo.* Ward. *NR*
(Usual place of abode)
Length of residence in city or town where death occurred *10 yrs. 1 mos. 25 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 <i>Female</i> | 4. COLOR OR RACE <i>Col.</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 8, 1924</i> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <i>10</i> | <i>1</i> | <i>25</i> | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Student</i> | | | |
| | 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) <i>Saint Louis Co.</i> | | | | |
| FATHER | 13. NAME <i>Ray Ford</i> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Jefferson Co. Mo.</i> | | | |
| MOTHER | 15. MAIDEN NAME <i>Gertrude Parkman</i> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Jefferson Co. Mo.</i> | | | |
| 17. INFORMANT <i>Agnes E. Rully - 5600 Arsenal</i> (ADDRESS) | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Father's Grave</i> DATE <i>Jan 4 1935</i> | | | | |
| 19. UNDERTAKER <i>Staten & Kempf</i> (ADDRESS) <i>Kirkwood, Mo.</i> | | | | |
| 20. FILED <i>1221 -4 1935</i> Registrar. <i>J. F. Prebeck</i> | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 3, 1935*

22. I HEREBY CERTIFY That I attended deceased from *Dec 26 1934* to *Jan 3 1935*

I last saw her alive on *Jan 3, 1935* Death is said to have occurred on the date stated above, at *5:00 AM*.

The principal cause of death and related causes of importance were as follows:
Tuberculosis, Falcial Date of onset *12-25*
Streptococcus
Staphylococcus

Other contributory causes of importance:
Toux Myocarditis

Name of operation *None* Date of *None*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *No* Date of injury....., 19.....
Where did injury occur? *No* (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 *No*
(Signature) *John Eschebrenner*, M. D.
(Address) *St. Louis, Mo.*

