

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

Do not use this space.

1. PLACE OF DEATH III 12 1935

791

18533

County.....

Registration District No.....

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City.....

No.....

St.....

Ward.....

2. FULL NAME.....

(a) Residence No.....
(Usual place of abode)

No.....

Ward.....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

30 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Neg. W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

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

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

Unknown

7. AGE

YEARS

MONTHS

DAY

IF LESS THAN 1 day,hra. ormin.

About 56

OCCUPATION

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

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)

Nil

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky

13. NAME

James Ford

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

Ky

15. MAIDEN NAME

Laura ? (Unknown)

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

Ky

17. INFORMANT (ADDRESS)

Judy Oudejans 2943 - Lawton Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St Louis

DATE

6-6

1935

19. UNDERTAKER (ADDRESS)

Walter Richter 2500 Rutger St

20. FILED

JUN 27 1935

J. P. Braddock Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 29 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

1 - 29 - 1935, to 5 - 29 - 1935

I last saw him alive on 5 - 29 - 1935 Death is said

to have occurred on the date stated above, at 10:45 a.m.

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

Carcinoma of the Intestine

Date of onset

1-29-35

Other contributory causes of importance

Name of operation

Date of

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? 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

Russell Smith M.D.

(Signed)

(Address) 2945 - Lawton Blvd

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.

57 50 95

