

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.

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

Do not use this space.

AUG 9 1935

791
1003

24431
File No. 5805
Registered No.

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. City Hospital no. 2)

St. Ward)

2. FULL NAME

Gladys Bufford
(a) Residence, No. 824 Iron St. 1 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 <u>female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 22-1934</u>		
7. AGE YEARS	MONTHS	DAYS
—	<u>9</u>	<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
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) <u>St. Louis Mo.</u>		
13. NAME <u>Fred Bufford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
15. MAIDEN NAME <u>Leota Bruce</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
17. INFORMANT (ADDRESS) <u>Leota Bufford 824 Iron St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>July 8 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Perment - 2631 Wash</u>		
20. FILED <u>-6 1935</u> 19 <u>111</u> Registrar. <u>J. Bredeck</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 . 19 35

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 3:40 mP.

The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia
Date of onset

Other contributory causes of importance:
(no history of any disease preceding)

Name of operation Date of
What test confirmed diagnosis? 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 L

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) A. Debus M. D.
(Address) St. Louis

